

**PETITION FOR SECOND REPEAT**

**NAME:** \_\_\_\_\_ **PERM #:** \_\_\_\_\_

**MAJOR:** \_\_\_\_\_ **UMAIL:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**Expected date of graduation:** \_\_\_\_\_

**Request to repeat the following course:** \_\_\_\_\_ **Specify Quarter:** \_\_\_\_\_

Please explain why you have been unable to pass this course after multiple attempts, what you have done since the last time to prepare for the course, and what you plan to do differently this time. Attach a separate document if necessary:

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If approved, the following conditions will apply:

- Approval will only be granted for the quarter specified above.
- Approval provides you an opportunity, not a guarantee, to enroll in the course.
- You must earn a B or better in the course. Your grades will be reviewed at the end of the quarter in which you complete the course to assess your ability to continue in the major.
- Additional requests to repeat this course, or any other course, more than once will be denied.

Check here to show that you have read and understand the conditions noted above. ►►☐◄◄

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Major Department's Recommendation to the Associate Dean:** ☐ Approve ☐ Deny

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**Dept. Chair or Faculty Advisor** **Date**

Comments:

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**To the student from the Associate Dean:** ☐ Approved with conditions noted ☐ Deny

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**Associate Dean** **Date**