PETITION TO REPEAT CLASS

Step 1 ☐ **Fall** _____ ☐ **Spring** _____ ☐ **Summer** _____

STUDENT NAME _____ **SSN** _____
Last **First** **MI**

ADDRESS _____
Street **City** **State** **Zip Code**

Course Name _____ **Section Number** _____

PERSONAL STATEMENT
Please explain the circumstances that prevented successful completion of course

_____

_____

_____

Please explain why you must repeat this course

_____

_____

_____

Student Signature _____ **Date** _____

Step 2 **Counselor Recommendation**
☐ **Recommend** ☐ **Not Recommend**
Counselor Signature _____ **Date** _____

Step 3 **RETURN COMPLETED FORM TO ADMISSIONS & RECORDS**

OFFICIAL USE ONLY
PETITION APPROVAL / DENIAL

☐ **Approved** ☐ **Denied**
Committee Chair Signature _____ **Date** _____

Comments

☐ **Approved** _____

☐ **Denied** _____

_____

☐ **Resubmit** _____

_____

Student Notification Method ☐**Mail** ☐ **Verbal** ☐**Email** **Date** _____