Complete this form in ink.

Name ______________________________ Student ID __________________________

I wish to take the following course again:

Course: ____________________________ Semester: __________________________

1st Attempt Grade: ________________ 2nd Attempt Grade: ______________________

Why do you want/need to take this course again?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What are you going to do differently?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student Signature: ___________________________ Date _______________________ 

Advisor Recommendation: □ Recommended □ Not Recommended

Advisor Name (print) __________________________ Advisor’s Signature __________________________ Date ______________________

Associate Dean’s Decision: □ Approved □ Not Recommended

David A. Wyrick

Name (print) __________________________ Dean’s Signature __________________________ Date ______________________