FOURTH ATTEMPT of REPEATED COURSE FORM

Student Name ___________________________ ID __________________
  First   Middle   Last

Major ___________________________ Degree ____________

Class : Fresh 04; Sophomore 03; Junior 02; Senior 01; Graduate Program GR ____________

Semester______________ Year ______________

I am requesting permission to repeat __________________________ for a fourth time.

  Course

List semester, year and grades earned of previous attempts below.

<table>
<thead>
<tr>
<th>Semester</th>
<th>Year</th>
<th>Grade Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>1\textsuperscript{st} Attempt</td>
<td></td>
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<tr>
<td>2\textsuperscript{nd} Attempt</td>
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<tr>
<td>3\textsuperscript{rd} Attempt</td>
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Please list reasons for your exceptional circumstances to make this request:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Approvals Required

Signature of Department Chairperson: ___________________________ Date __________

Signature of Associate Provost: ___________________________ Date __________

This form must be submitted in person to the Registrar’s Office with an ADD/DROP Form.

Revised 3/12