MARITIME COLLEGE
STATE UNIVERSITY OF NEW YORK

FOURTH ATTEMPT OF REPEATED COURSE FORM

Student Information

Student ID#: _____ Semester: _____ Year: _____

Name: _____
First Middle Last

Class: Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate ☐

Repeated Course Information

I am requesting permission to repeat _____ for a fourth time.
Course

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

	Semester	Year	Grade Earned
1st Attempt	_____	_____	_____
2nd Attempt	_____	_____	_____
3rd Attempt	_____	_____	_____

Please list reasons for your exceptional circumstances to make this request:

_____

_____

_____

Approval

Signature of Major Department Chairperson: _____Date _____

Signature of Provost or Academic Dean:_____Date_____

This form must be submitted in person to the Registrar's Office with an ADD/DROP for processing.