

REQUEST TO COUNT USE OF REPEAT UNITS – THIS IS NOT A PETITION

SECTION A – TO BE COMPLETED BY STUDENT

CAMPUS ID: _____ EXPECTED GRAD DATE (SEMESTER/YEAR): _____

LAST NAME: _____ FIRST NAME: _____

PHONE NUMBER: _____ EMAIL: _____

STUDENT SIGNATURE: _____ DATE: _____

CLASS REQUESTED TO REPEAT (EXAMPLE: SOCI 101)	FUTURE SEMESTER REQUESTED TO REPEAT	NUMBER OF TIMES TAKEN (EXCLUDE 'TAKES' THAT HAVE 'W')

OFFICE USE ONLY – TIME STAMP
RECORDS USE ONLY – NOTES

IMPORTANT: IF SEEKING TO REPEAT A COURSE IN WHICH A GRADE OF 'C' OR BETTER IS ON RECORD, ON AN ATTACHED PAGE PLEASE EXPLAIN THE REASON WHY.

OFFICE USE ONLY (SECTIONS B TO D)

SECTION B

RECEIVED BY: _____ CHECKED CWID ABOVE (INITIALS): _____ DATE: _____

SECTION C REPEAT COUNT – FINDINGS: NO PETITION REQUIRED

OK TO REGISTER FOR – CLASS: _____ DATE SYSTEM ADJUSTED: _____
TERM: _____ DATE STUDENT NOTIFIED: _____ EMAIL _____ PHONE _____

SECTION D REPEAT COUNT – FINDINGS: PETITION(S) REQUIRED

FRGV UNITS: USED _____ AVAILABLE _____
AVGD UNITS: USED _____ AVAILABLE _____

3-TAKES: G.E. MAJOR _____

28-UNIT: G.E. MAJOR _____

'C' OR BETTER: G.E. MAJOR OTHER

STUDENT STATUS: _____

GRAD CHECK STATUS: _____
NEEDS TO UPDATE GRAD CHECK: YES NO