

DEPARTMENT OF CHEMISTRY

REQUEST FOR PERMISSION FOR SECOND REPEAT OF A COURSE

Student Name \_\_\_\_\_ Student I.D. 99 \_\_\_\_\_

Address \_\_\_\_\_ School/College \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Permission is requested to repeat the following course a second time (i.e., to register to take the course a third time):

Course Number \_\_\_\_\_ Semester/Year \_\_\_\_\_

Previous registrations for this course:

	Semester/Year	Instructor (for lecture)	Was semester completed? Grade?
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

I understand the Chemistry Department offers free tutoring every semester.

I understand the Chemistry Department offers free Supplemental Instruction (CSI) every semester

I understand this is my final chance to take this course. I cannot take this course for a fourth

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*This form must be presented to the course instructor along with a Registration Change Form (Add/Drop Form) and a copy of an unofficial transcript.*

\_\_\_\_\_ For administrative use only \_\_\_\_\_

RECOMMENDATION (by instructor who will be teaching the course):

The student

\_\_\_\_\_ should be permitted

\_\_\_\_\_ should not be permitted

to repeat this course in my section for a second time.

Instructor Signature \_\_\_\_\_

Date \_\_\_\_\_