The Pennsylvania State University **Special Course Repeat Request**

Effective Date: Summer 2021

NOTE: This form is to accompany ALL student petitions for a third attempt of a given course or to repeat a course in which a grade of "C" or better was earned. You must meet with your academic adviser and complete this form at least 10 university business days prior to the start of the semester in which you want to take this course. This form will be submitted by your academic adviser.

I. STUDENT INFORMATION

Name:			_PSU ID: _			Semester Standing:
Major:		Email:			Phone:	
II. INFORMAT		E BEING REQU	ESTED			
Campus:	Semes	ster:	Course	Subject:		Course Number:
Course Section(s): List sections in order of preference. The Registrar will place you in first open section. If all sections are filled, you will be placed on waiting list for first section listed with waiting list spots open.						
1	2	3	4		5	6
Is this course:	An Entrance to	Major course? _		Re	quired fo	or the Major?
III. RESULTS	OF CONSULTA	TION WITH ADV	ISER (add	itional docum	entatio	n may be attached)
A. Third Atter 1. Identify	•	ur previous two a	ttempts hav	/e been unsuc	cessful.	
2. Reflect	on how these pa	st challenges will	l be addres	sed in a third a	attempt.	
 B. Repeat of Course with "C" or Better: 1. Identify reasons why you wish to repeat this course. 						
IV. ADVISER COMMENTS AND RECOMMENDATION (REQUIRED):						
Adviser Recor	nmendation (Red	quired):				
STRONGLY S	SUPPORT	SUPPORT	Γ	NEUTRAL		DO NOT SUPPORT
Adviser Signat	ture:				Date:	
Associate Dea	an Approval:				Date:	