

**Repeat Course
Third Attempt Approval Form**

5150 N Maple Avenue, M/S JA57, Fresno, CA 93740-8026

(559) 278-2261

Date: _____

Name: _____ ID Number: _____

Last

First

M. I.

Email: _____ Phone Number: _____ Semester: _____ Year: _____

Course Name/Number: _____ Class Number (5 digit #): _____

Department Checklist***This section must be reviewed and approved by the student's major department office.***Undergraduate students may not register to take a course more than two times unless the student **meets all** of the following conditions:

- have not exceeded 28 units of repeated coursework,
- received a grade of D, F, IC, or WU upon the second attempt of the course,
- this is not the Fourth or more attempt,
- the course to be repeated is a program requirement,
- the program they are pursuing requires a passing grade to fulfill a program requirement,
- there are no other courses in the catalog that can be used to fulfill the program requirement.

Recommendations

Comments: _____

 Approve Deny_____
Major Advisor Signature PRINT Last Name Date

Comments: _____

 Approve Deny_____
Department Chair PRINT Last Name Date**Students**

Please submit this form to:

Student Services Center, Joyal Administration Building,
North Lobby, by the last day to add a class.***For Office Use Only***

Updated By: _____ Date: _____