

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**

Approve  
 Deny

Comments: \_\_\_\_\_

\_\_\_\_\_  
Major Advisor Signature PRINT Last Name Date

Approve  
 Deny

Comments: \_\_\_\_\_

\_\_\_\_\_  
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: \_\_\_\_\_