Retake Policy Exceeded Form

Consistent with the College’s position on repeating curriculum courses, students may repeat any mathematics course in an effort to earn a higher grade or to enhance her or his mastery of the course content. Students may not enroll in the same course more than three (3) times without approval of the Division Director or Discipline Chair.

The following information should be completed by the student:

Student Name: ____________________________  Student ID #: ____________________________

Email Address: ____________________________  Telephone #: ____________________________

Course number that exception is being sought for: ____________________________  Semester: __________

Academic terms that course was previously taken in: __________  __________  __________  __________

Please briefly state the circumstances that contributed to the three previous unsuccessful attempts at this course:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

What changes have been made, or what change are you prepared to make, that will allow you to be successful at an additional attempt?

____________________________________________________________________________________

____________________________________________________________________________________

I understand that if permission is granted, that I will be allowed one (1) additional attempt at the above-mentioned course. I also understand that in the event that I am either unsuccessful at my next attempt or that I am not granted permission to retake the course, that any additional requests for exceptions will be considered based on the process that has been established by the Mathematics Division.

Student Signature: ____________________________  Date: ____________________________

For Office Use Only:

Recommendation:  ____  Retake Course  ____  Take/Retake Accuplacer

 ____  Take Prerequisite  ____  Refer to Counseling and Advisement Services

Division Director/Discipline Chair Signature: ____________________________  Date: ____________________________

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