

Semester Year

PETITION FOR EXCEPTION: UNDERGRADUATE COURSE REPEAT POLICY

An exception to the University Repeat Policy for Undergraduate Students may be considered for the following reasons: 1) a grade higher than a "C" is required for completion of major requirements, 2) repeating a grade of "C" or higher is required for currency within your major, 3) a fourth or subsequent attempt is necessary for completion of major requirements, and/or 4) the 28 unit limit has been reached.

Check the appropriate	box below:				
☐ A grade highe☐ Repetition of a☐ Repetition of a☐	npts of course were prior to Far than a "C" is required for cona course with a "C" or higher a course more than three times a course in excess of 28-unit li	mpletion of major requirement grade is necessary for current s (e.g. a fourth attempt of a c	ncy within the major. course).		
			re-major. Repetition of a "C" or to an impacted major or graduate		
	recipients: New federal regulial Aid Office to determine if		ursement for repeating a course. inancial aid for repeating this		
Last Name	First Name	M.I.	Student ID # (NOT SSN)		
Street Address		Apt#	Telephone Number		
City	State	Zip	Major		
Saclink Email		@saclink.csus.edu	Expected Graduation Date		

INSTRUCTIONS

- 1. Submit a typed statement to your **major** advisor and the Department Chair of your major department. You must meet with your major advisor to carefully develop and review your statement. Your statement must include the following:
 - An explanation of why repeating the course is necessary in order to complete major/program requirements,
 - An explanation of why you were unsuccessful in earlier course attempts, and why you will be successful if you are able to attempt the course again, and
 - A plan for your academic success.

Course No	0.	Course Title			Term		Units	Grad
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or d	n below and submit a ecision. gnature				tment chair			
			University Recommen	dation				
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								Approve
Major Advisor Signature		Advisor	's Name (printed)	Departme	nt	Date		Deny
								Approve
(Major) Department Chair Signature (Major) De		(Major) Dep	artment Chair's Name (printed)	Departme	nt	Date		Deny
STUDENT:	Center (Lassen any of these sup considered. - Typed - Copy	Hall first flooporting docu the statement (of unofficia	ne following docume or) or emailed to reg uments, or any of the instructions listed un I transcript on with all (student, n	gistrar@csus.e e required sign nder #1)	du. If your atures, you	petition petition	n is miss on will	sing not be
- Petir	proval of the Petition tion is valid for only dent, Department Ch tion has been proces	the semeste air and Advi	r being requested.		rs via Sac I	Link em	ail after	· the
		R	egistrar's Office Us	e Only]
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Records Updated		 Initial	 S	——————————————————————————————————————				

2. For the course you are petitioning to repeat, list all previous course attempts and grades in chronological

order below.