# PETITION FOR APPROVAL TO REPEAT A CLASS MORE THAN ONCE

University of California, Santa Cruz

Name: ___________________________ Student ID#: ___________________________

- [ ] Intended or [ ] Declared Major: ___________________________

If undeclared, is the student past his/her declaration deadline?

- [ ] Yes  
- [ ] No

College: ___________________________ Date: ___________________________

Class you are requesting to repeat: ___________________________ Quarter: __________

Class #: ___________________________ Lab or Discussion Section, if applicable: ___________________________

Previous Attempts:

- Quarter: __________, 20__________ Grade: ___________________________
- Quarter: __________, 20__________ Grade: ___________________________

Justification for request:

________________________________________________________________________

Academic Plan (student should complete):

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<th>Fall, 20</th>
<th>Winter, 20</th>
<th>Spring, 20</th>
<th>Summer, 20</th>
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Department / Major Review:

- Is the class in question part of the major’s admission or disqualification policy?
  - [ ] Yes  
  - [ ] No

- Will the academic plan above allow the student to complete the major?
  - [ ] Yes  
  - [ ] No

- Does the department recommend approval to enroll in the class listed above?
  - [ ] Yes  
  - [ ] No

Comments: __________________________________________________________________________

____________________________________________________________________________________

Signature: ___________________________ Major/Department Review

College Review:

- [ ] Approved  
- [ ] Denied

Reason for approval or denial: __________________________________________________________________________

____________________________________________________________________________________

Signature: ___________________________ College Provost or Designee

Distribution: College, Department, VPDUE Office, Student  
12/6/12 Revised DUE