

**Request to Repeat a Course (Third or More Attempts)**

*Policy:* Effective September 1, 2020, all students who are seeking permission to take a course for the third time will require permission from the Dean's Office. Students seeking to repeat up to the fourth attempt will require the Provost's permission to repeat. Students should complete Parts I and II, sign the document, and email to the appropriate Dean or the Provost. After review, the student will be contacted to set up time for a conversation about the request and how best to move forward. Upon completion, the appropriate Dean's Office or the Provost's Office will forward the form to [registrar-faculty-support@salemstate.edu](mailto:registrar-faculty-support@salemstate.edu) for processing.

**PART I. Student Information and Course Request**

_____	_____	_____
First	Middle	Last
_____	_____	_____
Student ID #	Class Year (Fr, So, Jr, Sr)	Major
_____	_____	_____
Contact Phone		SSU Email

Course Sub/No.	Course Title	Number of times course has been taken	Term in which course is to be repeated
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List additional courses to be taken with the requested repeat course:

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**PART II. Reflection and Justification**

*Reflection:* Please take time to reflect on the areas below and check off items which you feel have been a challenge to your academic success.

**Study/Academic Skills**

<input type="checkbox"/>	Easily distracted	<input type="checkbox"/>	Documented learning disability
<input type="checkbox"/>	Difficulty managing time	<input type="checkbox"/>	Difficulty writing papers
<input type="checkbox"/>	Too heavy of a course load	<input type="checkbox"/>	Difficulty with some mathematical concepts
<input type="checkbox"/>	Unable to understand course material	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Unsure how to study		_____

**Personal**

<input type="checkbox"/>	Balancing school, work, and/or family	<input type="checkbox"/>	Social distractions
<input type="checkbox"/>	Financial difficulties	<input type="checkbox"/>	Substance abuse
<input type="checkbox"/>	Illness and/or health problems	<input type="checkbox"/>	Sadness or loneliness
<input type="checkbox"/>	Stress, anxiety and/or depression	<input type="checkbox"/>	Other:
			_____

**Home and/or Social**

<input type="checkbox"/>	Adjustment to SSU and/or USA	<input type="checkbox"/>	Housing and/or roommate issues
<input type="checkbox"/>	Connection with other students	<input type="checkbox"/>	Separation from friends, family, or home
<input type="checkbox"/>	Home and/or family problems	<input type="checkbox"/>	Other:

**Major/Career Related Issues**

<input type="checkbox"/>	Difficulty with courses within my major	<input type="checkbox"/>	Unsure of interests, skills, or abilities
<input type="checkbox"/>	Difficult classes in general	<input type="checkbox"/>	Unsure of my major choice
<input type="checkbox"/>	Uncertain of academic/career goals	<input type="checkbox"/>	Other:

Based on your reflection above, what key factors contributed to you not being successful in your prior attempts at this course?

What do you plan to do differently to be successful in this attempt? What supports, tools, services or strategies will you use to ensure you are successful?



Submitted by:

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Student Signature

Date

**PART III. Action Plan** (To be completed at meeting with Dean or their designee for third attempt or Provost or their designee for fourth or more attempt as appropriate).

What are your next steps to reach your educational/career goals if this pathway proves not to be the best fit?

**PART IV. Decision** (To be completed by Dean or their designee for third attempt or Provost or their designee for fourth or more attempt as appropriate).

- This request has been approved.
- This request has been denied.

ADDITIONAL COMMENTS:

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Dean/Provost or Designee Signature

Date

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Name (Printed)

Title