

Department of Chemistry and Biochemistry

Waiver form for course repetition (3rd attempt or higher): All Chemistry Courses

You must complete this form before you will be allowed to register for the course.

Name: _____ **Date:** _____

SCSU ID _____ **Semester/Year Registering For:** _____

E-mail Address: _____

Course being repeated: **CHEM** _____ *(Fill Course Number in the Blank)*

Number of times the course has previously been taken (Choose one): **2** **3** **4 or more**

What grade did you receive the last time you took the course? _____

You must complete the following requirements and agree to the following conditions to be allowed to enroll in the course.

1. On page two, provide information and form a plan for a successful outcome by answering the following questions. This must be typed and ½ to 1 page in length.
 - a. *Why are you asking to repeat this course?*
 - b. *What happened during your previous attempt to prevent you from being successful?*
 - c. *Briefly describe at least three new specific actions that you plan to take which will ensure your success if this request is approved. One action that might be beneficial, especially for 100-200 level courses, is attending the tutoring center every week.*
2. Visit the CoSE Student Relations Director, Sampada Lehman, in WSB-164, for review and signature indicating approval of your plan (signature on the bottom of the page). Email sampada.lehman@stcloudstate.edu to start the process. Then obtain the instructor's signature. Once you get the instructor's signature, send the form chemistry@stcloudstate.edu
3. Agree to the following statements by placing your initials on the line.
 - _____ a. I will regularly attend class and document reasons for any absence to my instructor.
I will complete all course material on time according to the scheduled due dates.
 - _____ b. I will initiate a meeting with my instructor prior to midterm to discuss my progress.

What section(s) of the course would you like to enroll in?*

**Write down the section numbers and the six-digit course IDs of all of the sections that you would potentially like to enroll in for the course that you are repeating. Example: Sec. 1, 000232*

Student Signature _____ **Date** _____

Student Relations Coordinator Signature _____ **Date** _____

Instructor Signature _____ **Date** _____

Once completed, this form must be turned in to the Chemistry Office Manager in WSB-358 or email to:

chemistry@stcloudstate.edu

Reason for repeating course and plan for success: