

Transitional Repeat Referral Form

Instructor of Course: Fill in for student requesting to take course beyond second attempt.
Return to Doris Cherry in AS 209 or by email.

Student Name: _____

Student ID: _____

Instructor Name: _____

Date: _____

Semester and year student wants to repeat course: _____

Course to be repeated (please circle one):

MT 055
065

ENC 090
091

RDG 020
030

In your opinion, does this student demonstrate ability to benefit from 3rd or greater enrollment in this course? ____ Yes ____ No **Why?** _____

Please make recommendations for student to be successful in this course:

- | | |
|--|--|
| <input type="checkbox"/> Use math tutoring _____ times a week | <input type="checkbox"/> Work fewer hours in off-campus employment |
| <input type="checkbox"/> Use writing tutoring _____ times a week | <input type="checkbox"/> Avoid course online |
| <input type="checkbox"/> Start a study group | <input type="checkbox"/> Get test anxiety assistance |
| <input type="checkbox"/> Limit course load to _____ hours | <input type="checkbox"/> Get assistance with organization |
| <input type="checkbox"/> Meet with counselor for non-academic assistance | <input type="checkbox"/> Take free English/math/reading classes at the Adult Learning Center |
| <input type="checkbox"/> Consult with Disability Services Coordinator | <input type="checkbox"/> Re-test in COMPASS |
| | <input type="checkbox"/> Take a lower level course |

Sign _____

Date _____

(Instructor)

[Type text]