

Repeat Request Form

(for **student** request for consideration of 3rd or greater attempt in the same course)

This form must be completed in full. Use a separate form for each course you wish to repeat.

Student Name: _____

Student ID: _____

Advisor Name: _____

Date: _____

Course to be repeated (please circle one):

MAT 055
065

ENC 090
091

RDG 020
030

Number of prior attempts: _____

Instructor Name _____

In your opinion, why were you unsuccessful in your previous attempts in this course?

What will you do to be more successful in this attempt?

Which of the following do you plan to complete to assist in your success? (please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Use math tutoring ____ times a week | <input type="checkbox"/> Work fewer hours in off-campus employment |
| <input type="checkbox"/> Use the writing center ____ times a week | <input type="checkbox"/> Avoid taking this course online |
| <input type="checkbox"/> Start a study group | <input type="checkbox"/> Get test anxiety assistance |
| <input type="checkbox"/> Limit course load to 9 or fewer 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"/> Take online Student Success Workshops | |
| <input type="checkbox"/> Consult with Disability Services Coordinator | |

Please make any additional comments on the back of this form.

Sign _____

Date _____

Please take this form to AS 209 or mail it to Doris Cherry, HCC, 2660 S. Green St., Henderson, KY 42420.