Enrollment Management
Registrar's Office
One University Drive
Camarillo, CA 93012
Phone: (805) 437-8500

Exception to Course Repeat Policy

An undergraduate student may request to repeat a course more than once (third attempt) if the student fails to achieve a grade of C or better, or a CR, and an undergraduate student may also request to exceed overall repeat unit limits (28 total units; 16 max for forgiveness; 12 additional for grade averaging SP 17-04). In both circumstances, exceptions are considered only in cases of demonstrated need (usually to avoid undue delay in graduation) and must be approved by the appropriate designee.

Last Name:_____ First Name: _____ MI:_____

Student ID:_____ Phone:_____ Email: _____

Major:_____ Term requesting repeat enrollment:_____

Expected Date of Graduation:_____ Overall GPA*:_____ CSUCI GPA*:_____

**Can be found in your CI Academic Requirements Report (CARR) or unofficial transcript*

DIRECTIONS: *Submit your request to the Registrar's Office (registrar@csuci.edu) for routing to your program chair or Academic Advising. If approved, requests must be processed by the Registrar's Office in order for you to enroll in your course in CI Records, so please plan in advance of your registration date. Note that courses or pre-requisite courses in your major must be approved by your program chair. General education or other courses may be approved by Academic Advising. Requests are term specific (e.g. repeating SOC 100 in Fall 2021). If you do not enroll for the requested term, you will need to resubmit.*

List Previous Course Attempts and Grades:

Course Subject & Number	Course Title	Term	Units	Grade Earned

Note: If you are repeating a course taken in Spring 2020 (and have not taken it again in a subsequent term), approval signatures are not required per Senate Resolution 19-02. Please submit your request directly to the Registrar's Office for processing.

Reason for Excess Course Repeat(s):

_____

_____

Student Signature_____**Date**_____

BELOW IS FOR DEPARTMENT USE ONLY

Chair/Director Signature_____**Date**_____ **Approve** ☐ **Deny** ☐

Program Chair (major courses); Director/Associate Director of Academic Advising (GE/other)

Comments:_____

Administrative Use Only-Registrar's Office

Processed by_____PS Update:_____Student Notification: _____

(Staff Initials) (Date) (Staff Initials & Date)