THIRD ATTEMPT REQUEST FORM

SECTION 1: STUDENT COMPLETES	
NAME	
EMPL ID#	
PROGRAM OF STUDY	
COURSE SUBJECT, NUMBER & SECTION (*ex: ENG 111-N1*)	
REQUESTED SEMESTER (*ex: Fall 2024*)	
CUMULATIVE GPA	
TERMS COURSE PREVIOUSLY TAKEN (*ex: Fall 2024*)	

Please summarize the issues that contributed to your previous difficulty completing this course. Also describe the changes you have made, strategies you intend to use, or support services you will access to increase your likelihood of success if this third attempt is approved.
Requests without a response will not be reviewed.

If approved, I understand this will be my final attempt at this course regardless of the grade earned. A grade of "W" is considered an attempt.

STUDENT SIGNATURE_____ **DATE**_____

Approval of this request does not guarantee that financial aid can be used to pay for this course.
Questions related to financial aid must be directed to the Financial Aid Office in Chapman Hall.

Student Name: _____   **EmplId:** _____

SECTION 2: ADVISOR COMPLETES	
Returning Students: Faculty Advisor or Program Advisor New Students & Non-Curricular Students: New Student Advisor	
The student meets the prerequisite for the requested course. *All prerequisites are listed in the Description of Courses section of the College Catalog:* https://catalog.virginiawestern.edu/	☐ YES ☐ NO
Based on a review of the student's summary in Section 1, I recommend this student for a third attempt in this course. NOTES:_____	☐ YES ☐ NO

ADVISOR PRINTED NAME _____

ADVISOR SIGNATURE _____   **DATE** _____

SECTION 3: ACADEMIC DEAN COMPLETES	
This should be the academic dean responsible for the requested course.	
I recommend this student for a third attempt in this course.	☐ YES ☐ NO
This course must be taken face-to-face unless only offered as a distance learning course.	☐ YES ☐ NO
If not approved, please note any recommendations that could qualify the student for approval in a subsequent semester. (Check any that apply) ☐ Successfully repeat the prerequisite course (Specify course): _____ ☐ Successfully complete the following course (Specify course): _____ ☐ Successfully complete more college-level courses (Specify # of credits): _____ ☐ Other (Please specify): _____ _____	

DEAN SIGNATURE _____   **DATE** _____

SECTION 4: RECORDS OFFICE STAFF COMPLETES	
Processed by: _____	Date_____