



THIRD REPEAT REQUEST FORM

VWCC Records Office • 3094 Colonial Ave., SW • Roanoke, VA 24015-4704
 email: records@virginiawestern.edu / Fax: 540-857-6102

SECTION 1: STUDENT COMPLETES	
NAME	
EMPL ID#	
PROGRAM OF STUDY	
COURSE SUBJECT & NUMBER <i>(ex: ENG 111)</i>	
REQUESTED SEMESTER <i>(ex: Fall 2014)</i>	
CUMULATIVE GPA	
<p>Please summarize the issues that contributed to your previous difficulty completing this course on page 2 of this form.</p>	

If approved, I understand this will be my final attempt in this course. A grade of “W” is considered an attempt. I also understand I cannot enroll in this class as an eLearning course unless the course is not offered in any other instructional format.

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.

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. <i>All prerequisites are listed in the Description of Courses section of the College Catalog: https://www.virginiawestern.edu/catalog/</i>	YES NO
I have reviewed the Advisement Report the student attached to this request.	YES NO
Based on a review of the student’s summary in Section 1, the attached Advisement Report, and other information gathered from our discussion, I recommend this student for a third attempt in this course.	YES NO
NOTES: _____	

ADVISOR SIGNATURE _____ **DATE** _____

Student Name: _____

EmplId: _____

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 repeat is approved.

Requests without a response will not be reviewed.

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

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) _____

Complete the placement test and qualify for course: (Circle test) ENGLISH MATH

Other: (Please specify) _____

DEAN SIGNATURE _____

DATE _____

SECTION 4: RECORDS OFFICE STAFF COMPLETES

Processed by: _____

Records Office Staff: Page 2 of this form is scanned into Confidential folder in ImageNow separately