



FOR OFFICE USE ONLY
Entered in PS:
Date _____
Initial _____

Petition to Waive Restrictions on Course Repeats

Name _____ Date _____
First Middle Last

BroncoNumber _____ Email _____ Phone Number _____

Major/Option _____ Overall GPA _____ CPP GPA _____ Major GPA _____

Quarter Course Subject and Number: _____ Number of Previous Attempts: _____

Course required for: Major GE Neither

Semester Course Subject and Number: _____

Semester/Year in which course will be taken: _____

- I request to take this course a fourth time. OR
- I request to take this course again after receiving a grade of C or better.

Reason for not earning desired grade in previous attempt(s) _____

Plan to ensure that this attempt will be successful _____

I approve I deny this request _____
Department Chair for Major Date

I approve I deny this request _____
Dean for Major Date

I approve I deny this request _____
Associate Vice President, Student Success Date