

Repeating Limited Attempts

Submission Deadline: First day of each academic semester (See [dates & deadlines](#))

STUDENT & COURSE INFORMATION

Student ID# _____ Student Name _____
 Course Prefix _____ Catalog # _____ Class # _____ Section # _____ Term you plan to repeat the class _____
(Semester/year)

To review [Repeat Policy](#) guidelines, visit <https://bulletin.ndsu.edu/academic-policies/grades/#repeatedcoursestext>

In general, a student is limited to a maximum of three attempts in any course. If you have received a grade (A, B, C, D, F or P/S) in any one class taken at NDSU or with a transfer equivalent and are requesting to complete this class a 4th+ time, submit the following:

4+ Repeat: Type and label as indicated below (example: 1.a., 1.b, etc.). Hand written letters will not be accepted.

- Explanation:** Provide a detailed account of why you should be allowed to take the course for a 4th+ time.

You must address and **describe** your academic behavior for all items below:

- Describe your attendance in classes. Will instructors be able to verify this information?
- Describe your preparation for course examinations and submission of class assignments.
- Describe your study habits outside the classroom (as a general rule it is recommended that a student study two hours outside of the classroom for every hour in class.)
- Describe if you were able to utilize on campus services (ex. ACE tutoring, Counseling Center, Student Health Services, etc.).
- Describe your communication with instructors (when and how often).
- Address how you balanced other obligations outside the classroom:
 - How many hours per week do you work and describe how you balance these obligations/school.

- Academic Plan created in consultation with an advisor**

Detail a plan/strategy of what you will do differently with respect to the factors you addressed above. Describe how you plan to make adequate academic progress. This academic plan must be created in consultation with an advisor who must sign this form below. Failure to obtain a signature will be an automatic disqualification and the appeal will not be considered for exception.

Advisor Signature: _____ Date _____

Note to advisor – your signature does not indicate support for the appeal; rather it denotes that the student consulted with you and discussed his/her academic plan.

***OPTIONS BELOW REQUIRE A DEPARTMENT CHAIR/HEAD SIGNATURE**

Improve Grade in a Course Repeatable for Credit: The course *above* is marked in the Course Catalog as “may be repeated” for credit. However, in an attempt to improve my grade in the course, only the credits and honor points for the most recent semester should be included in my cumulative totals.

Repeat Course with Revised/Modified Content: The course *above* has experienced content changes from the initial completion. Student will be allowed to repeat the course and earn credit for both attempts.

Repeat Course with Duplicate Content: While not identical, the following courses are considered by the department to be duplicates in subject matter and course content. Only the grade and credits of the most recent course completed will be included in cumulative totals. **Note:** *While a course might be considered duplicate in content by the offering department, students should contact their program advisor or department chair for authorization to substitute the duplicate course if it is required for their major.*

Original Course: _____ Term _____
prefix/catalog # semester/year

Duplicate Course: _____ Term _____
prefix/catalog # semester/year

Department Chair/Head Signature: _____ Date _____