COMMUNITY COLLEGE OF RHODE ISLAND
REPEAT COURSE REQUEST FORM

Student to Complete:  Student I.D.number____________________

Part I

Name__________________________________________________________

Telephone ________________________ ____________________________

    Home                      Cell                      Work

CCRI email ________________________________

Program of study ____________________________ Campus attending____

Part II:

Specify request (course number and title)___________________________

Student Narrative (Explain why request is being made.):

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

(If more space is needed, attach additional sheet.)

Student signature_________________________________________ Date__________

Submit form to department chairperson or program director for consideration. Department chairperson, program director or instructor to complete page 2.
Department chairperson, program director or instructor:

Repeat course request status/decision (Check one.):
___ Approved (no intervention necessary)
___ Approved (with intervention)
___ Denied (until intervention completed)
___ Denied

If you checked “approved with intervention” or “denied until intervention is completed,” please complete Section 1 and Section 2 below and sign at the bottom of form:

Section 1:
Student must successfully complete the following course(s) before they can retake the requested course.

<table>
<thead>
<tr>
<th>Subject code</th>
<th>Course number</th>
<th>Course name</th>
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<tbody>
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</tbody>
</table>

No additional coursework is necessary.

Section 2:
Student must utilize the following service(s) and/or make improvement in the following area(s):

Seek help from:
___ Tutoring
___ English Writing Center
___ Student Success Center
___ Advising and Counseling
___ Faculty office hours for support

Improve:
___ Class attendance/participation
___ Punctuality
___ Time management/organizational skills
___ Completion of assignments

Additional recommendations_____________________________________________________

____________________________________________________________________________

Section 3: If you checked “denied”, please complete below:

Reason for denial______________________________________________________________

Signature______________________________________________________________Date:________

PLEASE NOTE:
• Department chairperson should retain a copy of the form for the office files.
• Student should retain a copy and submit to department chairperson following intervention.