



Charles E. Schmidt College of Science Third Attempt Request Petition

The FAU Repeat Course policy limits a student to two attempts at taking the same course. Students attempting any course for the third time must obtain authorization from their officially declared college before registering for the course at FAU.

Student Name: _____

Z-Number: _____

Major: _____

FAU Email: _____
(Decisions are sent to this email address)

Telephone Number: _____

Term Requesting to Retake: _____

Directions:

- 1: Fill out all sections of this form completely before submitting it. **Incomplete forms will not be reviewed.**
- 2: Attach supporting documentation explaining your reason for the request (if applicable).
- 3: Submit this form to FAU College of Science via email cosadvising@fau.edu.
- 4: Students will be notified by FAU email of the decision. The usual time frame for notification of the decision is 3-5 business days. All submitted documents become the property of the college and will not be returned or saved. Please keep originals and make any necessary copies for your records.

Reason for Request (select one):

_____ This is your first request to attempt a lower-division (1/2000 level course(s) for a third time.

_____ This is your first request to attempt an upper-division (3/4000) level course(s) for the third time.

Course Retake Information:

Term requesting to retake:

Course Title:

Course Prefix and Number:

(Example) Fall 2020	Organic Chemistry 1	CHM 2210

Academic Self-Assessment

The goal of the Academic Advising meeting will include:

✓	Evaluating current class schedule and making changes as needed,
✓	Identifying obstacles from the previous semester that impacted your academic success
✓	Building a strong relationship between you and your academic adviser.

A. Please complete the chart below to assist you and your adviser in evaluating your current class schedule.

All Previous Repeated Courses	Grade	Current Semester Course

B. In reviewing your academic performance, what obstacles have negatively impacted your grades? Please place an **X** for circumstances that apply to you. In section C, please describe in detail the three most significant obstacles that affected your academic performance.

<u>Academic</u>	
<input type="checkbox"/>	Ineffective study skills
<input type="checkbox"/>	Undeveloped time management skills
<input type="checkbox"/>	Unprepared for exams
<input type="checkbox"/>	Study methods used in high school doesn't work anymore
<input type="checkbox"/>	Hard to concentrate/daydreaming
<input type="checkbox"/>	Difficult classes/not prepared for course level
<input type="checkbox"/>	Conflict with professor
<input type="checkbox"/>	Unable to understand course content or find relevance in the course material
<input type="checkbox"/>	Registered for too many classes
<input type="checkbox"/>	Did not attend/skipped class
<input type="checkbox"/>	Uncomfortable/oppressive classroom climate
<input type="checkbox"/>	Test anxiety
<input type="checkbox"/>	Writing difficulties
<input type="checkbox"/>	Reading comprehension

<u>Major/Career</u>	
<input type="checkbox"/>	Uncertain about my current major
<input type="checkbox"/>	Changed major one or more times
<input type="checkbox"/>	Unsure what jobs are associated with major
<input type="checkbox"/>	No clear career goals
<input type="checkbox"/>	Unsure what jobs are associated with major
<input type="checkbox"/>	Not sure why I am in college
<input type="checkbox"/>	FAU may not be the place for me

<u>Personal/Other</u>	
<input type="checkbox"/>	Mental Health
<input type="checkbox"/>	Financial difficulties
<input type="checkbox"/>	Health problems
<input type="checkbox"/>	Use or abuse of alcohol or other substance (s)
<input type="checkbox"/>	Hard to get out of bed in the morning
<input type="checkbox"/>	Difficulty sleeping at night
<input type="checkbox"/>	Lack of motivation
<input type="checkbox"/>	Excessive time spent online (Social Media, YouTube, Gaming, etc.)
<input type="checkbox"/>	Over-involved with extra-curricular activities
<input type="checkbox"/>	Working too much (# Hours/Week)

<u>Family/Social Adjustment</u>	
<input type="checkbox"/>	Roommate issues
<input type="checkbox"/>	Personal relationship issues
<input type="checkbox"/>	Interpersonal violence
<input type="checkbox"/>	Family situation
<input type="checkbox"/>	Moved away from home/homesick
<input type="checkbox"/>	Difficulty adjusting to college life
<input type="checkbox"/>	Hard to make friends/Loneliness
<input type="checkbox"/>	Interpersonal Violence
<input type="checkbox"/>	
<input type="checkbox"/>	

Other factors not listed above:

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C. Now, explain in detail the three most significant obstacles that affected your academic performance.

Obstacle	Explain each obstacle's impact on your success.	How can you eliminate that obstacle?
1.		
2.		
3.		

D. What academic resources, campus connections or networks have you utilized at FAU (tutoring, student, counseling, Greek life and etc)?

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E. Think about a plan of action for getting the semester off to a strong start. Include meeting with your advisor, instructors, tutoring and other resources. Discuss this plan with your advisor who can offer additional support and resources.

	GOAL	ACTION PLAN (Dates, follow-up meetings, etc.)	AVAILABLE RESOURCES
1.			
2.			
3.			
4.			

Student Signature: _____ Date: _____

Office Use Only:		
FTIC Year/Month:	Earned Credits:	Credits needed to Graduate:
Will Student Reach ECS if course is repeated?	Semester GPA:	Cumulative GPA:
Have or will you need to attend Math Boot Camp?	Redirect Recommendation:	Comments:

Signature of College Representative: _____ Date: _____