

ESSM Third Repeat Approval Form

Name:

KSU ID#:

Course name and number:

Intended semester and year:

List semester, year, and grade for all previous attempts:

Have you submitted a Third Repeat request in the past?

Yes

No

Please answer the following questions in as much detail as possible. The completed form must be submitted to your Program Coordinator, who will then submit to the Department Chair for consideration. Preferred delivery is via email.

1) What happened in each of your previous attempts at this class? Please describe study habits, time management, attendance, or any other factors that affected your performance.

2) What is your plan to change your study and time management habits in order to be successful in your next attempt at this course? Please be thorough.