



5200 N. Lake Rd., Merced, CA 95343 / Phone: (209) 228-7178 / Fax: (209) 228-4694 / registrar.ucmerced.edu

Prior to enrolling, this form must be approved by the School or Program that offers the course you wish to repeat. Approval is not guaranteed. You will be notified via e-mail when a decision has been made. Degree credit for a course will be given only once, but the grades assigned at each enrollment shall be permanently recorded. For WRI 001/010 or CORE 001 courses, submit to academic advisor first.

For more information on repetition of courses, visit <http://catalog.ucmerced.edu/content.php?catoid=2&navoid=60#Enrollment>. It is the student's responsibility to understand the repeat policy.

Personal Information

Undergraduate Graduate

UCM ID Number _____

Last Name _____ First Name _____ M.I. _____

E-mail _____ Phone Number _____

Street Address _____ City _____ State _____ Zip _____

Course Enrollment History

Course Subject _____ Course Number _____

1st Enrollment	
Term	<input type="text"/>
Year	_____
Grade	_____

2nd Enrollment	
Term	<input type="text"/>
Year	_____
Grade	_____

3rd Enrollment (if applicable)	
Term	<input type="text"/>
Year	_____
Grade	_____

Planned Enrollment	
Term	<input type="text"/>
Year	_____

Third and/or subsequent attempts of a course are only approved under extenuating circumstances. In a separate, typed statement please explain why you want to repeat the course, including evidence of changes in your academic behavior and goals that will lead to academic success. A copy of your MyAudit should also be attached.

Student _____ Date _____

Approved Not Approved

Academic Advisor (for WRI 001/010 or CORE 001) _____ Date _____

Dean or Designee _____ Date _____