Rowan University

ME Department - Third Time Repeat Request Form

Name:	**Banner ID:**
Rowan Email:	
Major: ☐ Bachelor of Science in Mechanical Engineering ☐ Bachelor of Science in Mechanical Engineering Technology	
☐ I have met with my advisor and discussed retaking this course for a third time.	
☐ I understand that permission to take a course for a third time is a privilege granted to me by the Department and I will **NOT** receive permission to take a course for a fourth time.	
Semester and Year:	
Course Information: • CRN: • Course Subject, Number, and Section:	
Briefly explain why you need to take this course for a third time. Specifically, describe what happened during your first two attempts and what you plan to do differently to ensure success on your third attempt. Be specific in your plan and avoid vague statements without concrete actions or strategies.	
Student Signature _____ **Date** _____	
Department Decision ☐ Grant Permission ☐ Deny Application **Department Signature** _____ **Date** _____ *Note: This form will be reviewed by the Department Head or Undergraduate Program Chair.*	

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