**Appeal Request for Permission to Retake a Class**

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3304 Everett Tower

**Department of Statistics**

**College of Arts and Sciences**

**To the student:**

For students who wish to retake and enroll in a class for a fourth (or more) time, please complete Part I. After submitting this to the instructor of the class/academic advisor/course coordinator students will then need to make an appointment to meet with the instructor of the class /academic advisor/course coordinator. Students will need permission from the instructor of the class/academic advisor/course coordinator to ultimately enroll and re-take a class beyond 3 attempts.

If given permission to retake the class, students may need to meet with the instructor of the class /academic advisor/course coordinator to put forth a plan of study for the successful completion of the class. Students may be asked to participate in special seminars, study sessions, or meetings to ensure successful completion of the class. **If a student is granted permission to enroll in the class, successful completion of the course is ultimately the student's responsibility.**

**To the instructor of the class/academic advisor/course coordinator:**

A request for retaking a class beyond three times is being requested in the submission of this form. It is the responsibility of the instructor of the class/academic advisor/course coordinator to discuss and/or document how retaking this class will benefit the student. Students may be asked to provide discussion and documentation for a plan of study that is arranged between the student and the instructor of the class/academic advisor/course coordinator. Students may be asked to participate in special seminars, study sessions, or meetings to ensure successful completion of the class. **Note that you must complete all sections of Part II and Part III and obtain appropriate signatures**.

**Part I: Student Information**

Information on this page and items 1-2 on the following page to be completed by the student.

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| --- | --- |
| **Date:** |   |
| **Student Name:** |   |
| **Student Email:** |   |
| **Student WIN:** |   |
| **Department:** |   |
| **Program of Study (Major):** |  |
| **Major Advisor:** |  |
| **Degree level sought:** |  |
| **Thesis/Dissertation Committee Chair (if applicable):** |   |

|  |  |
| --- | --- |
| **Number of credits completed in program:**  |  |
| **Number of credits remaining in program:** |  |

|  |  |
| --- | --- |
| **Class Being Requested for Retake (include course prefix “STAT” and course code “1600” for example):** |   |
| **How many attempts have already been made for this class:** |  |

**List the year and semester in which you previously took this class.**

|  |  |
| --- | --- |
| **Year** | **Semester** |
|  |  |
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1. **Explain your reason(s) for requesting an opportunity for retaking this class.**

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1. **List steps you can take that you are willing to do to ensure successful completion of the class.** *Examples: attend study sessions, meeting with instructor or tutors, put together a study plan with the instructor, time management plan etc.*

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**Part II: Instructor of the Class/Academic Advisor/Course Coordinator Comments**

**Items 1 and 2 to be completed by Instructor of the Class/Academic Advisor/Course Coordinator**

1. **Discuss your evaluation of the reasons the student gives for request of retake of the class.**

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1. **Describe a study plan or list methods by which the student can work towards successful completion of the class. If there is a plan for the student to meet with you, a tutor, or to attend study sessions please describe here. Please add any information you feel is relevant.**

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**Part III: Instructor of Class, Academic Advisor, Course Coordinator and Departmental Chairperson Endorsements**

To be completed by the instructor of the class, academic advisor, course coordinator, or thesis/dissertation chair and the department chairperson when applicable.

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| --- | --- |
| **Class Requested for Retake** (include course prefix “STAT” and course code “1600” for example): |   |
| **Semester and Year for Retake** |  |
| **Is this the first request for retake of this class?** If not indicate the number attempt of this request. |  |

**Do you endorse the request for retake of this class?**

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** |  |
|  |  |  |  |
|  |  | **Signature of Instructor of Class/Course Coordinator** | **Date** |
| **Yes** | **No** |  |
|  |  |  |  |
|  |  | **Signature of Program Advisor (Statistics or Data Science Programs only)** | **Date** |
| **Yes** | **No** |  |
|  |  |  |  |
|  |  | **Signature of Department Chairperson** | **Date** |

**Note: If the response to the question above is “No”, please provide explanation in the space provided:**

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