

# Petition to Repeat a Course

Academic Requirements Committee / Office of the Registrar

Return to:  
Office of the Registrar  
[Registrar@uoregon.edu](mailto:Registrar@uoregon.edu)

UO ID Number: \_\_\_\_\_ Name: \_\_\_\_\_  
Last First MI  
Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip  
E-mail: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

## PETITION GUIDELINES - READ CAREFULLY:

By submitting this petition, you confirm that you have read and understand the University of Oregon Repeat Policy, and you are requesting an exception to the policy. Petitions are accepted starting two weeks before the priority registration. Petitions are not accepted for future terms.

Document your request thoroughly. Complete all information in Section 1 and 2. Remaining sections are optional, unless box(es) are checked to indicate required supporting statements.

False or misleading information will be considered grounds for denial and possible referral to Student Conduct.

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## SECTION 1 – COURSE YOU WANT TO REPEAT:

Subject: \_\_\_\_\_ Course Number: \_\_\_\_\_ Term you wish to retake course: \_\_\_\_\_

### Reason for repeat:

- Repeat a nonrepeatable course. Credit for nonrepeatable courses is given only once.
- Register for a repeatable course: limits reached. No additional credit will be given.

Reason: \_\_\_\_\_

### List the term(s), grade(s) received, and institution you have taken this course.

Subject	Course #	Final Grade	Credits	Term/Year	Institution
Subject	Course #	Final Grade	Credits	Term/Year	Institution
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**If you took this course at an institution other than UO, you must submit an official transcript from that college before this petition can be accepted. Per UO policy, you are required to disclose all post-secondary attendance. If you repeat a non-repeatable course outside the UO, you must petition to count those credits towards your UO degree.**

## SECTION 2 – STUDENT STATEMENT - REQUIRED

What extenuating circumstances justify granting this petition? Attach a separate page if needed.

*By signing this document, I understand that any credit earned in a repeated course will be deducted from my overall credits towards my degree. If approved, I understand I will be responsible for registering myself for this course.*

\_\_\_\_\_  
Student Handwritten Signature

\_\_\_\_\_  
Date

## SECTION 3 – STATEMENT FROM STUDENT’S MAJOR/MINOR DEPARTMENT

Required if box is checked:  [RO use: \_\_\_\_ ]

Supporting statement from your major/minor advisor to which the course pertains. If you want to repeat a course to be eligible for a major and don't yet have a major advisor, request a supporting statement from the main office of the department in which you want to major.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Handwritten Signature

\_\_\_\_\_  
Date

## SECTION 4 – STATEMENT FROM DEPARTMENT OFFERING THE COURSE

Required if box is checked:  [RO use: \_\_\_\_ ]

For courses not offered by your major department, support is required from the department offering the course.

Dept. Stamp

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Handwritten Signature

\_\_\_\_\_  
Date

### OFFICE USE ONLY

Approved:

Denied:

Student Notified: Email

In person

SFASRPO (override done)

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_