To: Assistant Dean for Undergraduate Education

From: ___________________________________________ 
                     ________________________________
                     Name                             UTEP ID#

                     ________________________________
                     Phone Number                     e-mail

I am requesting permission to take the following course for the second time:

NURS ________  ___________________________  __________________
                  Course #                        Course Title       Semester

I failed or withdrew from this course (state in which semester) for the following reason(s):

In order to be successful in the course this time, I am planning to [be specific]:

Read the following and sign:

“A student may repeat a nursing course only once…the student’s written request, and approval by the Assistant Dean for Undergraduate Education are needed to retake the course. The decision to give permission to retake is based on: space availability, Nursing GPA, previous failures, previous withdrawals and faculty recommendation. Repeating a course is not automatic.” (Excerpts from UTEP-SON Undergraduate Student Handbook, section on Nursing Course Repeat Policy and Withdrawal, pp. 15.)

I am fully aware of the policies regarding repeating a nursing course as attested by my signature below:

_________________________________________  __________________
Student Signature                      Date

Approved / Not approved

_________________________________________  __________________
Assistant Dean for UG Education          Date