

Student Success Plan – Contract
In support of
Undergraduate Permission for Exception to AP.1.3.4 (Repeating a Course)

Student's Name: _____ G#: _____
Last First

Mason Email Address: _____ Major(s): _____

Semester/Year Requested: _____

For ENGH 101 and 302: students should email Dr. Lourdes Fernandez, Interim Director of College Composition, to request an appointment (lfern5@gmu.edu). Students should bring a draft contract to this meeting.

For courses in Business, VSE, FAVS, Music, and BSN – or any unit with a course repeat policy that is more restrictive than this policy – the unit offering the course has the FINAL say about retaking/repeating a course.

| Previous Experience with Course Seeking to Repeat | | | | |
|--|---------------------|-----------------|-------------|--------------|
| Course Subject & Number | Course Title | Semester | Year | Grade |
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Provide detailed information about your circumstances. If your performance was affected by extenuating circumstances beyond your control, please provide documentation of these issues (e.g., medical records, newly approved accommodations from Office of Disability Services, or other evidence of your claims).

Develop an action plan to address the issues affecting your performance. Be specific. What strategies you will use to improve the likelihood of successfully completing the course, if your request is approved? What will you do differently? Include at least three action steps.

 Permission and signature from unit housing the COURSE: Approve Deny

 Print Name Signature Date

 Major Advisor Signature Date