



Petition to Repeat SOC 300 or SOC 316

The University Handbook specifies that an undergraduate student may repeat a course once with permission of the department offering the course. Permission to repeat the course is granted with the understanding that the student will work diligently to improve the grade.

Directions: Submit completed and signed form to asksoc@uw.edu for department approval.

Student Information

Name: _____ Course: SOC 316 SOC 300

UW Email: _____ Quarter/Year: _____

Student Number: _____

Step 1: Assessment from TA Required

The student should contact her/his TA and discuss why they did not pass the course the first time. Ideally this meeting should take place within the first two weeks of the quarter immediately following the student's first attempt taking the course.

TA: Please give a breakdown of the student's performance in the course. Check boxes for all areas in which the student's performance was inadequate.

- | | | | |
|--------------------------|---------------|-------------|------------------------|
| <input type="checkbox"/> | Quizzes | Score _____ | % of final grade _____ |
| <input type="checkbox"/> | Midterm exam | Score _____ | % of final grade _____ |
| <input type="checkbox"/> | Paper(s) | Score _____ | % of final grade _____ |
| <input type="checkbox"/> | Final Exam | Score _____ | % of final grade _____ |
| <input type="checkbox"/> | Participation | Score _____ | % of final grade _____ |

TA Name: _____

Date: _____

TA Signature: _____

Step 2: Student Self-Assessment *Required*

Student: In the space provided below, briefly explain why you believe you will be more successful when you retake the course. What will you do differently this time?

Step 3: Assessment from the Sociology Writing Center *Required only for SOC 316*

Writing TA: Please identify areas in which the student needs to improve her/his writing skills.

- | | |
|--|--|
| <input type="checkbox"/> Introduction/Thesis | <input type="checkbox"/> Conclusion |
| <input type="checkbox"/> Organization | <input type="checkbox"/> Analysis |
| <input type="checkbox"/> Coverage of Theory | <input type="checkbox"/> Data/Methods |
| <input type="checkbox"/> Grammar/Style | <input type="checkbox"/> Argumentation |

Writing TA Name: _____ Date: _____

Writing TA Signature: _____

Step 4: Department Approval *Required*

If this petition is approved, I will not be allowed additional repeats even if the course is required for admission and/or graduation. I further understand that if I cannot complete the course satisfactorily this second time, I may need to find a different major in another department.

Student Name: _____ Date: _____

Student Signature: _____

Department Name: _____ Date: _____

Department Signature: _____