Petition to Repeat SOC 300 or 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 her/his score.

Student Information
Name: ____________________________ Course: □ SOC 316 □ SOC 300
UW Email: ____________________________ Quarter/Year: ____________
Student Number: ____________________________

Step 1: Assessment from TA
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.

☐ Quizzes Score _________ % of final grade _________
☐ Midterm exam Score _________ % of final grade _________
☐ Paper(s) Score _________ % of final grade _________
☐ Final Exam Score _________ % of final grade _________
☐ Participation Score _________ % of final grade _________

TA Name: ____________________________ Date: ________________
TA Signature: ____________________________
**Step 2: 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.

- [ ] Introduction/Thesis
- [ ] Organization
- [ ] Coverage of Theory
- [ ] Grammar/Style
- [ ] Conclusion
- [ ] Analysis
- [ ] Data/Methods
- [ ] Argumentation

Writing TA Name: ___________________________  
Date: __________________

Writing TA Signature: _______________________

**Step 3: Student Self-Assessment**

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?

________________________________________________________________________

________________________________________________________________________

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**Step 4: Department Approval**

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: ______________________