The following petition is to apply for permission to re-repeat a course for **one final time** without waiting for one term/semester due to exceptional personal circumstances. We recommend contacting the department regarding your circumstance before submitting this petition. **All petitions are due by the first day of class for the semester in which you intend to re-retake the course and will be evaluated before the add/drop deadline of each semester and term.** Opportunities to re-repeat will be granted based on individual circumstances and the CS Department’s discretion.

By signing this petition you acknowledge this will be the **last time** you are eligible to take this course (you **will not** be granted another re-repeat for this course) and that all of the following information is true.

This petition is specifically for students seeking to re-repeat a course for medical reasons. Please fill out the first portion of this form and have your physician/clinician complete the rest.

**Section One: General Student Information**

First Name  
(Middle)  
Last Name  
BYU ID #

Current Email

Student Signature  
Date

Course(s) you are petitioning to retake: ________________________________

Dates when course(s) were last taken: ________________________________

Semester/term you intend to re-repeat: ________________________________

A petition for exception to policy requires you to provide a written statement including the following information:

Please describe the approximate date(s) when event occurred and a timeline of events:
How did the injury or illness affect you?

How long will you need to recover?

Are you confident you can succeed if granted a re-repeat?

Section Two: Release of Medical Records/Information

As part of this petition, you will need to provide supporting medical records. If the physician or clinician would prefer to write a letter for the student, they may do so.

By signing below you agree to the release of medical forms relevant to this petition, for consideration by the Brigham Young University Computer Science Department.

First Name  (Middle)  Last name  BYU ID #

Student Signature:  Date

Physician/Clinician Name  Phone Number

Please attach the physician/clinician verification form. The statement must include:

- Dates of service (should match the semester you are requesting)
- How the injury or illness affected you
- How will you need to recover

Documents should be the official form, signed by your physician/clinician.
Section Three: Physician/Clinician Verification Form

Please have your Physician/Clinician fill out the following statement.

First Name  Last Name  Company

Signature  Date

Dates of Service


How did the injury or illness affect the student?


How long will the student need to recover?


Are you confident this student can succeed in the next school semester/term?