



EARLY COLLEGE  
EXPERIENCE

PLEASE RETURN THIS COMPLETED FORM TO:

E-mail: [ece@uconn.edu](mailto:ece@uconn.edu)

## SEQUENTIAL COURSE CONTINUATION FORM

<b>DEADLINE</b>	<b>Before the start of the second course OR by February 8, 2022 (whichever is first)</b>
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Students who earn a C- or below in the first course of a two-course sequence will be unenrolled from the second course of the sequence and will be refunded any paid course fees for the second course. Students who wish to continue to the second course must complete this Sequential Course Continuation Form to appeal default unenrollment and continue to the second course. Students who receive an F, W or WAU are not eligible to complete this form. *If a student does not complete a Sequential Course Continuation Form by the posted deadline or by the beginning of the second course (whichever date is first), the student will not be eligible to continue in the second UConn ECE course in the sequence.*

**All fields are required in blue or black ink.**

<b>RATIONALE</b>	<b>Students should provide a 2-4 sentence rationale regarding why they wish to continue in the sequential course. This is used by the UConn ECE Program Office to evaluate the appeal.</b>
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Today's Date: \_\_\_\_\_

UConn NetID: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last First Middle Initial

High School: \_\_\_\_\_

First UConn Course: _____	Grade Received (letter grade): _____
Semester Taken: Fall ____ Spring ____ Full-year ____	
Second UConn Course for Continuation: _____	

*The following signatures are required to request continuation in a sequential course after receiving a C- or below in the first course.*

**COVID-19 modifications: Please do not submit this form until you have discussed your decision with your instructor and site representative. If students are unable to collect wet signatures, please enter email addresses for each designee in place of signatures.**

Student Signature: \_\_\_\_\_ Date

Parent/Guardian Signature: \_\_\_\_\_ Date

Course Instructor Signature: \_\_\_\_\_ Date

Site Representative Signature: \_\_\_\_\_ Date

**For UConn ECE Office use only:**

Program Assistant for Academic Standards: \_\_\_\_\_ Date

Assistant Director: \_\_\_\_\_ Date