

Request to Repeat a Course with Extenuating Circumstances

For Office Use Only Rec'd By: _____ Date: _____

PLEASE PRINT

Student I.D. Number: _____

Semester Requested: _____

Last Name: _____ First: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Number: (_____) _____ E-Mail: _____@_____

DIRECTION: Petition needs to be submitted ten days before the start of the semester. Petitions would only be considered for Fall and Spring semesters. If approved, petitions are only valid for the requested semester. Course repeat with special circumstances lose priority registration. An add permit must be requested from the instructor on the first day of the semester.

Second Time Repeat (with two previous substandard grades: D,F,NCR)

I wish to take a class for the third time for which I previously received two substandard grades (D, F, NCR). Priority is given to students that have not exhausted the number of times a class can be repeated. Student must petition to take a course for the third time prior to the start of the semester and obtain an add permit from the professor if approved. (Explain special circumstances below)

COURSE TITLE & NO. _____ SEMESTER/YEAR _____

Course Repeat With Passing Grade (A,B,C,CR)

I wish to repeat the course described below for which I receive a passing grade (A, B, C, CR). Special circumstances exist which require me to repeat this course. (In accordance with Title 5, Section 55763) I understand that any grade awarded for repetition under special circumstances shall not be counted in calculating my grade-point average.

COURSE TITLE & NO.	SEMESTER/YEAR	GRADE SEMESTER/YEAR	
		RECEIVED	PLAN TO REPEAT
_____	_____	_____	_____

Describe the special circumstances that require you to repeat this course. (PLEASE BE SPECIFIC: Use reverse side if additional space is needed.)

Student's Signature _____ Date _____

OFFICE USE ONLY

Approved Denied _____ Date _____

Academic Dean or Admission Dean Signature

Comments: _____