



FRESNO CITY COLLEGE PETITION TO REPEAT A COURSE

NAME: _____
First MI Last

ADDRESS: _____
Number and Street Apt #

_____ City State Zip

EMAIL: _____

REC'D DATE: _____

REC'D BY: _____

STUDENT ID: _____

PHONE #: _____

I AM PETITIONING TO REPEAT:

COURSE to be Repeated (e.g., PSY-2)	TERM Requested (e.g., 2018 Fall)
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_____ Fall _____ Spring _____ Summer

Counselor Intervention Required Due to:

- 3rd Attempt – Counselor Approval Only: Counseling worksheet required (prior attempt earned NP, NC, D, F, W)
- 4th or greater Attempt* OR Repeat of successfully completed class**

STUDENT MUST SELECT ONE OF THE FOLLOWING JUSTIFICATIONS FOR REPEAT:

- Extenuating Circumstances*** Previous NP, NC, D, F, W received was due to verifiable circumstances (§55045). (4th or greater attempt). **Verifiable Third Party documentation of accident, illness, etc. required.**
- Legally Mandated Training**** Required as a condition of continued paid or volunteer employment (§55041(b)). **Must provide documentation verifying required training.**
- Significant Lapse of Time**** A significant period of time has elapsed since course was successfully completed (§55043) (3 yrs minimum). **Letter of explanation for repeating course is required).**

PLEASE NOTE: The grade received by repeating the course under any of these circumstances may not be counted in your GPA. These 3 options require a Comprehensive Student Education Plan (SEP) be attached.

 Student's Signature Date

FOR OFFICE USE ONLY

Previous Petitions: YES NO Term: _____ Verified by: _____ STPE Code: _____

List ALL attempts with grades and/or symbols: **Fourth attempts and previous successful completion requires Comprehensive SEP and documentation to be attached.**

Has Add Slip from Instructor: SECTION #: _____ AUTH CODE: _____ XADD?

Sent to Counseling: YES NO Date: _____ Comprehensive SEP Required: YES NO

COMMENTS: _____

Process Date: _____ By: _____ STPE Code: _____ Copy to Student Date: _____ By: _____

To ASC: Date: _____ Academic Standards Committee Designee: _____ Date: _____

