

COURSE REPEAT REQUEST FORM

Name: _____ Birthdate: _____
Last First Mi
 Phone: _____ SID: S000- _____ SSN: _____

I hereby request permission to repeat the following course(s):

Course Number (ENGL 1001)	Course Title (English Composition)	Units

Course was originally completed in: Fall _____ Spring _____ Summer _____ grade _____

Course to be completed during: Fall _____ Spring _____ Summer _____ grade _____

If course has been repeated at another school please indicate where _____
 (Official copy of transcript must be submitted)

Indicate reason for repeat (check box)

Repeat is to alleviate substandard work which has been recorded on my academic record.
 Substandard work is defined as prior course work for which a grade of "D" or "F" has been received.

The previous grade received is at least in part the result of extenuating circumstances. (Extenuating circumstances are verified cases of accidents, illness, or other circumstances beyond the control of the student). Repeated course will not be counted in Grade Point Average (GPA) calculations (Title V, Section 55763). The extenuating circumstances are as follows (verification may be required):

I need to repeat course since a significant lapse of time has occurred since the course was originally taken and an update of information is needed. Repeated course will not be counted in Grade Point Average (GPA) calculations (Title V, Section 55763).
 Please specify how repeating course work will be of assistance to you:

I need to repeat course to fulfill the requirements of a legally mandated training requirement for paid or volunteer employment. Credit for each repeat will be computed in student's GPA.

Signature: _____ Date: _____

FOR OFFICIAL USE

Approved Denied Official Signature _____ Date: _____

Entered into system _____
 Revised 09/11