

## Admissions & Records / Counseling Services

College of the Siskiyous, 800 College Ave., Weed, CA 96094

Phone: (530) 938-5500 - Fax: (530) 938-5367 – Email: [counselingservices@siskiyous.edu](mailto:counselingservices@siskiyous.edu)

### Fourth Attempt Petition

It is very important that you read all information carefully before completing this form.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID#: S00 \_\_\_\_\_ or SSN: \_\_\_\_\_

COS Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Fourth Attempt Petition:** A student may repeat a course in which substandard grades (“D”, “F”, “FW”, “NCR” and “NP”) and/or non-evaluative symbol of “W” were awarded, provided they have not already attempted the same course three times. A student may repeat the course one more time (four times total enrollment) upon approval of a filed petition documenting **extenuating circumstances. Title V 55045** This will be for completion of a requirement only - units and grade will not be evaluated in GPA. Title V 55042

**Extenuating Circumstances:** “Extenuating circumstances are verified cases of accidents, illness, or other circumstances beyond the control of the student.” Title V 55045 (b)

#### Filing Periods:

Complete for the course and semester in which you wish to enroll:

Course Title & Number: \_\_\_\_\_

Semester:  Fall  Winter  Spring  Summer Year: \_\_\_\_\_

#### Required steps and documentation (Incomplete petitions will not be accepted)

**Step 1** – Complete the reverse side of this form and attach any supporting documentation to substantiate extenuating circumstances.

**Step 2** – Make an appointment with a Counselor to review and sign recommendation below. Attach a current Comprehensive Student Educational Plan (SEP).

**Step 3** – Your petition will be reviewed. A decision notification will be emailed to your COS email.

**Step 4** – If you are approved, you are allowed to register once the special permit is on your account. No priority enrollment will be given.

**Please state and explicitly describe the extenuating circumstances that prevented you from successfully completing this course. (Attach additional pages if necessary):**

First Attempt Semester/Year: \_\_\_\_\_ Withdrawal or Substandard Grade: \_\_\_\_\_

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Second Attempt Semester/Year: \_\_\_\_\_ Withdrawal or Substandard Grade: \_\_\_\_\_

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Third Attempt Semester/Year: \_\_\_\_\_ Withdrawal or Substandard Grade: \_\_\_\_\_

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**Please explain what specific measures you have taken or will take to improve your academic performance in this course:**

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

**I have reviewed the above information and recommend approval.**

**Counselor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For office use only – Do not write below this line.**

- Granted       Denied       Postponed

**Comments / Recommendation**

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_