

## Admissions & Records

College of the Siskiyous, 800 College Ave., Weed, CA 96094  
Phone: (530) 938-5500 - Fax: (530) 938-5367 – Email: registration@siskiyous.edu

### Course Repeat

AP 4225; Title 5 - 55230

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

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

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

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

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

Course Number (i.e. ENGL 1001)	Course Title (i.e. English Composition)	Units

Course was originally completed in:     Fall     Spring     Summer     Winter    **Grade:** \_\_\_\_\_

Course to be completed during:     Fall     Spring     Summer     Winter

**Indicate reason for repeat (check box)**

- If course has been repeated at another school, please indicate where. \_\_\_\_\_  
(Official copy of transcript must be submitted)
  
- 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 office use only**

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

Approved     Denied    **Entered into system:** \_\_\_\_\_