

Name _____ Semester/Year _____
 Address _____ SSN/Student ID No. _____



Petition to Repeat a Course
 Beyond maximum times allowed

During the semester listed above I am petitioning to enroll in Course _____ Section # _____ Instructor _____

- 1.) ___ I am currently enrolled in this course for the first time and do not expect to receive a passing grade. I need to re-register in it.
- 2.) ___ I have an "I" grade, but want to retake this course. I want the default grade from my incomplete contract (must be a D, F or NC).
 Initials of student: _____

3.) I meet the following condition as listed in the Cabrillo College catalog:

___ a.) Including the current term, I have received *two or more substandard grades* (D, F, NC or W).

_____ **MATH courses must have Counselor's signature (#3a only)** Date _____

___ b.) *I received a satisfactory grade (A, B, C or CR) and there has been a *significant lapse of time* since I took this course (*two (2) or more years*).

___ c.) I meet the requirements of Section 504 of the 1973 Rehabilitation Act (Title 5, Section 56044).

_____ Director of Disabled Services (#3c only) Date _____

___ d.) I need to repeat this course for *re-certification* or *re-licensing* as determined by an outside agency. **(attach documentation)**

Name of Agency: _____

___ e.) I need to repeat this course because it is needed to meet a *legally mandated training requirement as a condition of continued paid or volunteer employment. (attach copy of federal or state statute or regulation)*

Position/job title: _____

_____ Student's work supervisor (#3e only) Phone number _____ Date _____

___ f.) *Although I received a satisfactory grade less than 2 years ago, I need to retake this course due to the following extenuating circumstances :
 ___ accident ___ illness ___ circumstances beyond my control
(attach documentation with explanation)

_____ Division Dean (#3f only) Date _____
 (Dean: please write comments on back)

For Office Use Only: ___ approved ___ denied ___ returned for documentation	Enrolled by/date: _____
	Course/Term/Grade: _____
	_____ A&R Date _____

***ONLY the original satisfactory grade (A, B, C or CR) will be calculated for the Cabrillo GPA and will be recognized by transfer institutions.**

_____ Date _____