

5800 Fulton Avenue Valley Glen, California 91401-4096

COURSE REPETITION PETITION

Last Name					First Name MI					
						/	/			
Student Identification Number						·	Date of Birth			
								@st	tudent.la	ccd.edu
Telephone Number							CD Email Addr	ress		
YOU N	ΛUST	FILL OL	IT ALL TH	e fol	LOWING IN	IFORMATIO	N			
In order to submit this petition you must:				Ar	e you current	tly enrolled a	t LAVC?	🗆 Yes		l No
Have a GPA of 2.0 or better			I am working on:							
Be currently enrolled at LAVC				_	_					
 Have a serious and compelling reason; unpredictable circumstances 	Unfore	eseeable,			Certificate			Major		
 Provide documentation/proof (from a state) 	source	e other th	an					wajor		
yourself) in support of your request					AA/AS					
Recency requirement								Major		
 Significant lapse of time Attach a Student Educational Plan (for a 	4 th att	emnt only	<i>d</i>)		Transfor					
		emptom			Transfer			Major		
Do not Submit this Petition if you:					Other:	П BA/BS		MA/MS	D F	hd/Edd
 Do not have a 2.0 GPA Are not enrolled at this time 										
	 Are not enrolled at this time Claim work, financial, child care, or transportation problems 									
 Claim instructional, or overloaded class schedule problems 							Major			
Do not meet recency requirement										
 Have taken this class in the past 36 months. My signature below indicates that I have read and understand the policy. 				Transfer School						
				Graduation/Transfer Date						
					[🗆 Fall	Spring			
								Year		
l am asking to repeat: Course Name and Number G		Guada	Curda	6.	No	t select		Guada	Guada	Guada
Course Name and Number G	irade	Grade	Grade	Col	Irse Name and N	Number		Grade	Grade	Grade
1.				2.						
2										
3.				4.						<u> </u>
I am asking to repeat the course(s) f	for th	o for t	he follow	<i>ina</i> i	'aasons'					
ram asking to repeat the course(s) r				nig i	easons.					
\Box I am required to repeat this clas	is as a	a conditi	on of my	empl	oyment					
I am required to have a better g	rade	in this c	lass.							
I am required to have taken this	s cour	se with	in the last		years.					
I asking to repeat this class for t	he 4 th	' time d	ue to exte	enuat	ing circumst	tances.				
Other: (please explain).										

If this petition is approved, you may only retake the course(s) at Los Angeles Valley College.

If you are planning on taking the class at another LACCD College, you must petition at that college.

Date Received:	
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Clerk Initials:

□ APPROVED: □ DENIED:

Dat	/ / .e Fall	,
	Spring	Year
lf g	ranted, ma	y not take until

Reason for Approval:

- 🗆 B3 Significant Lapse of Time
 - □ B5 Extenuating Circumstance
 - B6 – Occupational Work Experience
 - □ B7 Disability Related Accommodation
 - B8 – Legally Mandated Trainin
 - B9 Significant Change

	Dat	//	Comments:
es		No serious compelling reason	<u> </u>
		No documentation	
		Less than 2.0 GPA	
		Not Enrolled	
		No recency requirement	
		Need counseling evaluation	
ng		No significant lapse of time	
		Forward to:	
