



COURSE REPETITION PETITION

 Last Name

 First Name

 MI

 Student Identification Number

 Date of Birth

 Telephone Number

 LACCD Email Address

@student.laccd.edu

YOU MUST FILL OUT ALL THE FOLLOWING INFORMATION

In order to submit this petition you must:

- Have a GPA of 2.0 or better
- Be currently enrolled at LAVC
- Have a serious and compelling reason; Unforeseeable, unpredictable circumstances
- Provide documentation/proof (**from a source other than yourself**) in support of your request
- Recency requirement
- Significant lapse of time
- Attach a Student Educational Plan (for 4th attempt only)

Do not Submit this Petition if you:

- Do not have a 2.0 GPA
- Are not enrolled at this time
- Claim work, financial, child care, or transportation problems
- Claim instructional, or overloaded class schedule problems
- 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.

Are you currently enrolled at LAVC? Yes No

I am working on:

Certificate _____
 Major

AA/AS _____
 Major

Transfer _____
 Major

Other: BA/BS MA/MS Phd/Edd

 Major

 Transfer School

Graduation/Transfer Date

Fall Spring _____
 Year

I am asking to repeat:

Course Name and Number	Grade	Grade	Grade
1.			
3.			

Course Name and Number	Grade	Grade	Grade
2.			
4.			

I am asking to repeat the course(s) for the for the following reasons:

- I am required to repeat this class as a condition of my employment
- I am required to have a better grade in this class.
- I am required to have taken this course within the last _____ years.
- I asking to repeat this class for the 4th time due to extenuating circumstances.
- 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.

 Student Signature

Date Received:

Clerk Initials:

