

COURSE REPEAT PETITION			
DATE:			
STUDENT INFORMATION			
EVC Student ID:			
First Name:		Last Name:	
Phone Number:		Email:	
Address:			
COURSE TO BE REPEATED			
DEPT:	COURSE #:	TITLE:	TERM/YEAR:
REASON TO REPEAT A COURSE			
 Instructions: Circle reason number and check appropriate box (if applicable) REPEATING COURSE TO ALLEVIATE SUBSTANDARD WORK WHICH HAS BEEN RECORDED IN THE STUDENT'S RECORD (TITLE 5, SECTION 55042) SECOND REPEAT FOR D, F, FW, W OR NP – REQUIRES COUNSELOR APPROVAL (Student returns this approved petition to Admissions & Records along with transcript highlighting repeated courses) THIRD REPEAT FOR D, F, FW, W OR NP – REQUIRES DEAN OF STUDENT SUCCESS APPROVAL (Counselor submits completed petition along with student transcript to Dean's office. Student will be notified within three business days) 			
2. REPEATING COURSE DUE TO A SIGNIFICANT LAPSE OF TIME – MORE THAN THREE YEARS (TITLE 5, SECTION 55043- ONE TIME ONLY)			
3. REPEATING COURSE TO MEET A LEGALLY MANDATED TRAINING REQUIREMENT AS A CONDITION OF CONTINUED PAID OR VOLUNTEER EMPLOYMENT (TITLE 5, SECTION 55041)			
4. REPEATING COURSE COMPLETED WITH C OR HIGHER DUE TO EXTENUATING CIRCUMSTANCES (TITLE 5, SECTION 58161- ONE TIME ONLY)			
FOR COUNSELOR USE ONLY (FOR 2 ND REPEAT ONLY)			
Instructions: Please verify the number of times the student attempted the course and provide your recommendation for attempting the course again, including any agreed-upon interventions.			
Recommended Interventions ☐ Tutoring(Require for 2 nd repeat) ☐ Study Group		☐ Instructor's Office Hours ☐ Student Success Workshops ☐ Other	
APPROVED DENIED COUNSELOR NAME: EXT.: COMMENTS			
COUNSELOR SIGNATURE:		DATE:	
STUDENT SIGNATURE: DATE:			
STUDENT SUCCESS DIVISION RECOMMENDATION: (FOR 3 RD REPEAT ONLY) APPROVED DENIED			
REASON: POSTED BY:			
DEAN OF STUDENT SUCCESS SIGNATURE:			DATE: