

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)

1. 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)

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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)

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2. REPEATING COURSE DUE TO A SIGNIFICANT LAPSE OF TIME – MORE THAN THREE YEARS (TITLE 5, SECTION 55043- **ONE TIME ONLY**)

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3. REPEATING COURSE TO MEET A LEGALLY MANDATED TRAINING REQUIREMENT AS A CONDITION OF CONTINUED PAID OR VOLUNTEER EMPLOYMENT (TITLE 5, SECTION 55041)

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4. REPEATING COURSE COMPLETED WITH C OR HIGHER DUE TO EXTENUATING CIRCUMSTANCES (TITLE 5, SECTION 58161- **ONE TIME ONLY**)

FOR COUNSELOR USE 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 2nd repeat)

☐

Study Group

☐

Instructor's Office Hours

☐

Student Success Workshops

☐

Other _____

APPROVED ☐

DENIED ☐

COUNSELOR NAME: _____ EXT.: _____

COMMENTS _____

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COUNSELOR SIGNATURE: _____ DATE: _____

STUDENT SIGNATURE: on behalf of student DATE: _____

STUDENT SUCCESS DIVISION RECOMMENDATION: (FOR 3RD REPEAT ONLY)

☐ APPROVED

☐ DENIED

REASON: _____ POSTED BY: _____

DEAN OF STUDENT SUCCESS SIGNATURE: _____ DATE: _____