READ THIS BEFORE COMPLETING FORM

By California law, students may not repeat courses in which they have earned grades of A, B, C, CR, or P unless they meet one of the criteria below (check the box that applies to you):

☐ A. The course is needed to meet a legally mandated training requirement as a condition of continued paid or volunteer employment (such as renewing professional certification). Some applicable courses include AJ 141, CFCS 070, EMT 105 or 107, HE 102. If you are requesting permission to repeat a course for this reason do not use this form. Ask for the form entitled Request to Repeat Course Due to Legally Mandated Training Requirement.

☐ B. A significant lapse of time of at least 5 years has passed since the course was taken and the course must be taken again in order to advance to a higher level course.

☐ C. A significant lapse of time has not passed, but the course must be taken again in order for the student to advance to a higher level course (must be recommended by the Division Chair – see # 3 below).

☐ D. The student is required to take the course again because of a recency requirement on the course or the program of study. For instance, students who are applying for admission to the Registered Nursing program, must have completed Anatomy, Physiology, and Microbiology within the past 7 years.

☐ E. The previous grade earned was at least in part, the result of extenuating circumstances. By law, extenuating circumstances are verified cases of accidents, illness, or other circumstances beyond the control of the student. Documentation is required to prove the extenuating circumstances and must be submitted with the petition form.

INSTRUCTIONS

1. Check the box above that applies to you (B, C, D, or E). If box A applies this is the wrong form.

2. Forms received after classes have started may not be considered for that semester. Complete Part 1 of the form in full with every blank filled in and every question answered; if you do not have all phone numbers requested, indicate “N/A.”

3. Attach an additional sheet explaining in full why you need to take this course again. Your explanation must be in English. List your full name & student ID number on the sheet.

4. If you checked box C above, you must present this form and your explanation to the Academic Division Chair before meeting with a Counselor. See the Admissions and Records Office or Counseling Center for name and location of the appropriate Division Chair.

5. Meet with a Counselor to review the repeat policies and discuss options available to you. The counselor will complete Part 3 of the form.

6. If your request is denied by the Counselor, you will not be given permission to take the course again. If the Counselor agrees with your request take this completed form, together with the Counselor Review form that will be given to you by the Counselor, to the Admissions and Records Office in the Administration Building (# 10) on main campus. Office hours are 7:30 a.m. to 7:00 p.m. Monday through Thursday, and 7:30 a.m. to 5:00 p.m. Friday. Forms must be received and registration completed before the deadline to register.

If your request is approved, you will not earn units again for the course. The grade taken this time will replace the previous grade earned in the calculation of your GPA.
Part 1 – To Be Completed by Student – Read Instructions & Information on Page 1 First

Applying to repeat course in: ☐ Fall ☐ Winter ☐ Spring ☐ Summer

Student ID # G00 Email address __________________________

Name ___________________________________________ Home phone ____________________________

Last, First, Middle

Address ______________________________________ Work phone ____________________________

Street or PO Box #

_____________ City, State, Zip Cell phone __________________________

I am seeking permission to repeat the following course ____________________________

Example: English 101; do not use CRN

I am working toward the following at IVC: ☐ AA or AS degree ☐ Certificate

My major at IVC is ___________________________ I belong to (check all that apply): ☐ EOPS ☐ SSS ☐ DSPS

Attach a separate sheet explaining in full why you need to take this course again. List your full name & student ID number on the sheet. Your explanation must be in English.

Student’s signature ___________________________ Date submitted ________________

Part 2 – To Be Completed by Division Chair If Box C on Information & Instruction Sheet Applies

If you checked Box C under Instructions and Information on the reverse side, you must take this form to the Chairperson of the Division to obtain his/her recommendation first.

☐ I recommend this student be allowed to repeat due to the reason indicated in Box C on the reverse side.

☐ I do not recommend this student be allowed to repeat this course.

Division ___________________________ Signature ___________________________

Part 3 – To Be Completed by Counselor

Date student counseled, information sheet completed, and copy given to student __________ Extension _______

Counselor’s printed name ___________________________ Counselor’s signature ___________________________

Part 4 – To Be Completed by Admissions and Records Office

Registration permit input in SFASRPO By ___________________________ Date __________ Vers. 7/1/08