IMPERIAL VALLEY COLLEGE
Office of Admissions and Records

GRADE OF D, F, W, OR NP PREVIOUSLY EARNED – PETITION TO REPEAT COURSE

1. **Forms received after classes have started might 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."
2. **Attach an additional sheet explaining A through D** as instructed on the form below. Your explanation must be in English.
3. **Meet with a Counselor** to review the repeat policies and discuss options available to you. The counselor will complete Part 2 of the form.
4. **If approved by the Counselor**, take the completed form to the Admissions and Records Office in the Administration Building (Building # 10). Office hours are 8:00 a.m. to 5:00 p.m., Monday, Thursday and Friday, and 8:00 a.m. to 6:30 p.m., Tuesday and Wednesday. **Forms must be received and registration completed before the deadline to register.**

Part 1 – To Be Completed by Student

Applying to repeat course in: ☐Fall_____ ☐Spring _____ ☐Summer _____
Year Year Year

Student ID # **G00**_____ **Email address**_____

Name_____ **Home phone**_____
Last, First, Middle

Address_____ **Work phone**_____
Street or PO Box #

_____ **Cell phone**_____
City, State, Zip

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** ☐ **AA-T or AS-T** ☐ **Certificate**

My major at IVC is_____ **I am in (check all that apply):** ☐**EOPS** ☐**SSS** ☐**DSPS**

Attach a separate sheet explaining the following; list your full name & student ID number on the sheet.

A. Why you need to repeat the course.
B. Why you did not earn a grade of C or higher when you took it before.
C. What has changed in your life to enable you to be successful this time around.
D. What additional courses you plan to take and how you will make sure you devote the necessary time to be successful in this course.

Student's signature_____ **Date submitted**_____

Part 2 – 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 3 – To Be Completed by Admissions and Records Office

Registration permit input in SFASRPO By_____ Date_____Revised 05/12