

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 _____ Winter _____ Spring _____ Summer _____
Year Year Year Year

Student ID # G00 IVC 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 07/14