EVERGREEN VALLEY COLLEGE

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)
   - ☐ 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 2ND 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 2nd repeat)
- ☐ Study Group
- ☐ Instructor's Office Hours
- ☐ Student Success Workshops
- ☐ Other _____

APPROVED ☐ DENIED ☐

COUNSELOR NAME: _____ EXT.: _____

COMMENTS_____

_____

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: _____

(8.23.16 SSC
RWCK4/22/20)