Santiago Canyon College
Course Repetition Request

This form must be submitted in person at the Admissions Office in order to register for the course.

Student Information

_____/_____/_____

Last Name **First Name** **Middle Name**

_____/_____/_____

Student ID # **Phone #** **Email address**

Course Requested for Repeat:

_____

Course Name **Section Number** **Semester & Year**

Select One	Type of Request:	Required Approval:
☐	**I have received two (2) Withdrawals (W) OR one (1) Withdrawal followed by a substandard grade (D,F, or NP)** and request to repeat the class for the third time. {Two non-passing grades}	Counselor
☐	**I have received three (3) Withdrawals (W) or two (2) Withdrawals followed by one (1) substandard grade (D, F, or NP)** and request to repeat the class to improve the grade. {Three non-passing grades}	Division Dean **Only**
☐	**I have received two (2) substandard grades (D, F, or NP) OR one (1) substandard grade (D, F, or NP) followed by a Withdrawal (W)** and request to repeat the course one **final** time to improve the grade.	Division Dean **Only**
☐	**Other**_____	Associate Dean or Registrar

Justification for repeating the course:

_____

Student signature_____ Date _____

☐ **Approved** ☐ **Denied** _____ _____

Division Dean's/Counselor's Signature Date

Apportionment: ☐ **Ok to collect** ☐ **Do not collect** Dean's Initials _____

Office Use Only

Comments: _____

Accepted by_____ Date _____

Distribution: WHITE: Admissions YELLOW: Student