

Student Name: _____

Admissions & Records

8045 E. Chapman Ave. E-101, Orange, CA 92869 | www.sccollege.edu phone: (714) 628-4901 | <a href="mailto:e

Student ID#: _____

Petition for Academic Renewal with Course Repetition

	(Last)		(First)							
Phone: E-Mail:										
By signing or typing my name below I am indicating that I understand that any academic work alleviated through Academic Renewal does not remove substandard grades from my transcript. I am aware that grades are noted and subtracted from the grade point average (GPA) and that all grades will remain legible, maintaining a true and complete record. I acknowledge that any alleviated coursework may not be treated similarly by other educational institutions outside of the Rancho Santiago Community College District (RSCCD.) The parties agree that this form may be electronically signed. The parties agree that the electronic signatures appearing on this form are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility I confirm that all of the information I have presented below is true and accurate. I understand that all decisions are final.										
	Student Signature:	Date:								
Step 1: Please indicate which Santiago Canyon College and/or Santa Ana College courses you would like considered for Academic Renewal: Please note, only units taken at Santiago Canyon College and Santa Ana College may be considered for Academic Renewal, not units taken at any other institution(s). Only substandard grades (D, F, or NP) may be considered for Academic Renewal and no more than two substandard grades for the same course may be alleviated and excluded from the G.P.A (as per Title 5.)										
	Course Name & Number			Units	Grad	Grade Semester/Year		College		
1.									CC SAC	
2.								□ sc	CC 🗖 SAC	
3.								□ sc	CC SAC	
4.								□ sc	CC SAC	
5.								□ sc	CC 🗆 SAC	
Step 2: Please provide course information below for the courses that have been re-taken at another institution: Please note, official transcripts showing the final grade for the course indicated below must be submitted along with this petition or must have been previously submitted. Please provide the course information in the row below that corresponds with the row above.										
	Course Name & Number	Units	Grade	Semester	Year	University/College		!	Transcripts Submitted	
1.										
2.										
3.										
4.										
5.										
FOR OFFICE USE UPON RECEIPT Received By (Staff Initials): Date Received:										
	FOR OFFICE USE UPON REVIEW Approved Denied Record Updated (if applicable) Student notified Staff Initials: Date:									