

OFFICE OF STUDENT ADVOCACY, RIGHTS, & RESPONSIBILITIES

50 Phelan Avenue-Conlan Hall E106C San Francisco, CA 94112-1821
Office Phone: 415-239-3145, Office Fax: 415-452-5085, Office E-mail: advocacy@ccsf.edu

Petition for Course Repetition

* FORM MUST BE FILLED OUT COMPLETELY AND CORRECTLY IN ORDER TO BE PROCESSED

Student: (Please print) Last Name _____ First _____

CCSF Student ID No: _____ DOB _____

E-Mail Address _____

Home Phone: (____) _____ Other Phone (____) _____

Check Semester: Fall, Spring, Summer of 20__

CRN _____ Subject _____ Course # _____ Add Code _____

___ Significant Lapse of time since taking the course

___ Legally mandated training requirement or training program pre- requisite

___ Disability accommodation

___ Substandard grade of D, F or NP (No Pass) or withdrawal due to extenuating circumstances

Student's Signature _____ Date _____

For Department Chair Review and Decision only

Name _____ Campus _____ Office _____

Phone _____ E-mail Address _____

Signature _____ Date _____ Approved Denied

For office use only:

To A&R Corrections Date: _____ Forwarded by Student Advocacy Office E106. _____

A&R Corrections Processed By _____ Date _____

DOES COURSE REPETITION APPLY TO YOU?

Have you passed the class you want to repeat one or more times with a grade of C or higher, or a CR/P (Credit/Pass)

Have you taken the class 3 or more times and received a D, F, W or NC/NP?

If the answer is YES to either, then you must petition to repeat the course.

HOW TO PETITION FOR COURSE REPETITION

- 1. Print and fill out the Petition for Course Repetition from your web 4 account.**
- 2. Attend the class you wish to repeat and obtain a four-digit ADD PERMIT CODE.**
- 3. Provide a copy of your no holds and subject history to the Office of Student Advocacy.**
- 4. Complete the petition, attach all forms and submit to the Student Advocacy office for review.**
- 5. Meet with the Department Chairperson for approval/denial.**
- 6. Return the petition to the office of Student Advocacy for registration.**

FOR QUESTIONS OR SPECIAL NEEDS

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