COURSE REPEAT:
PETITION FOR COURSE REPETITION

**NO PRE-ENROLLMENT**

**NO PRE-REGISTRATION**

TO RETAKE A COURSE:

1. Go to class on the first day of instruction

2. Get an add code/sticker from the instructor and place it on the Add/Drop Form

3. Print your transcript; highlight the course(s) that you wish to repeat

4. Take the Add/Drop Form and transcript to the Dean of Student Affairs in Conlan Hall 106.

5. Get Petition for Course Repetition from the Dean of Student Affairs in Conlan Hall 106

6. Take Petition for Course Repetition to the Department Chairperson for signature

7. Take signed Petition for Course Repetition to Dean of Student Affairs in Conlan Hall 106

Office Hours:  Closed for lunch 1:00 – 2:00 p.m.

Monday – Thursday  8:00 a.m. – 4:45 p.m.

Friday  8:00 a.m. – 3:45 p.m.
PETITION FOR COURSE REPETITION

Office of Student Affairs ♦ Conlan Hall, E 106 ♦ 50 Phelan Ave SF, CA 94112 ♦ (415) 239-3145

Dept. ______________ Chair/Designee __________________________ Office _________ Phone __________

COURSE CRN _________ ADD CODE _________ SUBJECT __________________________ G.P.A. ______

☐ Substandard grade of D, F, or NC (No Credit) due to, at least in part, extenuating circumstances (defined as: accident, health, jury duty, work conflict, extended litigation, incarceration, military service, family emergency, institutional error).

☐ Significant lapse of time since taking the course.

☐ Disability accommodation as verified by the CCSF Disabled Student Programs & Services.

☐ Legally mandated training requirement as a condition of continued paid or volunteer employment (e.g. Emergency Medical Technician, Paramedic, Police Officer, Fire Officer, Licensed Vocational Nurse, Registered Nurse).

☐ Other (written documentation required).

Advisory: If you have already earned a previous grade, units, and grade points for the course, you may not be allowed to earn a second grade, a second set of units, or a second set of grade points. The notation “Post Grade Only” (PGO) may be used instead on your transcript of record. A copy of your academic record will be attached to the petition for documentation.

Last Name ______________________ First ___________________________ CCSF ID # ______________________

Phone (_____)____________________ E-mail: ________________________________

Address __________________________ Street __________________________ City ________ Zip ______

Students Signature __________________________ Date ____________

☐ Course repeat maximum of ______ units met  ☐ The course is not approved for repetition

Department Chairs Signature __________________________ Approved ☐ Denied ☐ Date __________

(INFORM STUDENT TO BRING PAPER WORK BACK TO E106 FOR PROCESSING)

FOR OFFICE USE ONLY

Dean's signature __________________________ Denied ☐ Date __________

FOR A&R CORRECTIONS DEPARTMENT USE ONLY

RECEIVED: __________ HOLD: __________ REASON: __________ POSTED: __________ DATE: __________

COPIES: White: Admissions and Records Yellow: SAAR Pink: Student

REVISED: 09-04