

**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

Fall Spring Summer 20__

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. _____

(Check reason)

- 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 _____
No. 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)

F O R O F F I C E U S E O N L Y

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