

Rancho Santiago Community College District  
Santa Ana College and Santiago Canyon College

**Course Repetition Request**

*This form must be submitted in person at the Registration Area in order to be registered for the course.*

**Student Information:**

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<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>
_____	_____	_____
<b>Student ID #</b>	<b>Phone #</b>	SAC <input type="checkbox"/> SCC <input type="checkbox"/>
_____	_____	

**Course to Petition:**

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<b>Course Number:</b>	<b>Course Name:</b>	<b>Semester &amp; Year:</b>
_____	_____	_____
Select One	Type of Request:	Required Approval:
<input type="checkbox"/>	<b>I have received two (2) Withdrawals (W)</b> and request to repeat the class for the third time.	Counselor
<input type="checkbox"/>	<b>I have received two substandard grades (D, F, or NC)</b> and request to repeat the course one more time to improve the grade.	Division Dean <b>Only</b>
<input type="checkbox"/>	<b>I have attempted this course three (3) times and have received (any combination of D, F, NC, or W)</b> and request to repeat the class for <b>one final</b> time. I understand that I will not receive priority registration for this course and that I may not register until the first day of instruction.	Division Dean <b>Only</b>

**Justification:**

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I also acknowledge that courses cannot be continually repeated and that this request may be denied.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

I have reviewed this petition and either approve or deny registration for this course as indicated below:

**Approved**

**Denied**

\_\_\_\_\_  
Division Dean's/Counselor's Signature

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_

**OFFICE USE ONLY**

Accepted by \_\_\_\_\_

Date \_\_\_\_\_