



REPEAT PETITION

Petition to register for a course that will exceed the maximum allowable course enrollments

**Please submit petition to Columbia College Counseling Office + 11600 Columbia College Dr. Sonora, CA 95370
(209) 588-5109 + (209) 588-5090 fax**

Student's Name: _____
Last First Middle

Student ID#: _____ Phone Number: _____

Course to repeat: _____
Course Title Semester(s) Taken Grades

Semester/Year of course requested to repeat: Fall _____ Spring _____ Summer _____

Rationale for course repeat (choose #1 and rationale if passed class **OR** #2 if unsuccessful)

1. I have completed the course with a **C or better or P** and wish to repeat for the following reason: [Title 5, sec 55040](#)

_____ The course has had a **significant change in industry** or licensure standards and the course is required for employment or licensure [attach statement from instructor];

_____ The course is **legally mandated for employment** or licensure [attach statement from employer];

_____ I have not reached the maximum enrollment limit for a variable or work experience course; [Title 5, sec 55253](#)

_____ There has been a **significant lapse of time** (no less than 36 months) since I last took the course **AND** there is a recency requirement (i.e. nursing program requires science courses completed within the last 5 years). [documentation required]; [Title 5, sec 55043](#)

_____ My previous grade was the result of **extenuating circumstances** (verified cases of accidents, illness, or other circumstances beyond the control of the student). [documentation required]; [Title 5, sec 55045](#)

2. I have previously taken this course and have been **unsuccessful (grade of D, F, NP, or W)**:
(attach additional page if needed)

➤ Explain why you have not been successful in completing this course:

➤ Describe what you will do different this time to be successful:

I understand there will be a *minimum* of 10 working days before notification of a decision. All decisions are final.

Student Signature _____ Date _____

For Office Use Only

Approved Denied

Vice President of Student Services Date

CODE:

PN LT EC MXW

Comments: _____

Student notified by: _____ Date: _____ SACD