



## Ventura County Community College District

### Petition for 4<sup>th</sup> enrollment attempt due to Extenuating Circumstances

Pursuant to Title 5 (55040, 55042), students are permitted 3 enrollment attempts to pass the same (or equivalent) non-repeatable credit course at any of the colleges in the Ventura County Community College District. A student who has attempted the same course three times with a grade of F, D, NC, NP or a W in a credit course may not repeat the course again unless the student petitions/qualifies under a different provision. Enrollments include any combination of withdrawals and repetitions.

A student petitioning for course repetition due to extenuating circumstances must include documentation to substantiate their justification. **Extenuating circumstances are verified cases of accidents, illnesses or other circumstances beyond the control of the student.**

Courses that are repeated shall be recorded on the student's permanent academic record using an appropriate symbol. Annotating the permanent record shall be done in a manner that all work remains legible, ensuring a true and complete academic history.

Student Name: \_\_\_\_\_ Student ID:900-\_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Course Title :	TERM COURSE TO BE REPEATED:	<input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall Year: 20_____	
LIST BELOW ALL PREVIOUS ATTEMPTS IN THIS CLASS (Including W's)			
Attempt #	TERM/YEAR	COLLEGE (Moorpark, Oxnard, Ventura )	GRADE (Including W's)
1 <sup>st</sup> Attempt	<input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall    Year: _____		
2 <sup>nd</sup> Attempt	<input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall    Year: _____		
3 <sup>rd</sup> Attempt	<input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall    Year: _____		

Justification(Documentation must be attached):

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's signature

\_\_\_\_\_  
Date

Reviewed

\_\_\_\_\_  
Dean/Designated Administrator's signature

\_\_\_\_\_  
Date

Approved     Disapproved

Comments: