



Ventura County Community College District

PETITION FOR REPEAT DUE TO SIGNIFICANT LAPSE OF TIME

Students may petition only one time to repeat a course in which a passing grade of C/P or higher has been earned if certain conditions have been met. Those conditions are described below. ****Documentation required to support this petition must be verifiable; examples of acceptable documentation include copies of policy from the transfer institution's catalog or website. Letters from faculty or staff are not acceptable forms of documentation.**

Student ID: **900** - _____

Last First MI

Address City State Zip Phone Number Email Address

Course you are requesting to repeat:

Course Title : _____ Term Completed: _____ Grade: _____

When do you plan to repeat the course? Term: _____ Year: _____

The following conditions must be met:

- a. Yes No *The course was completed more than three years prior (required for approval)---* **AND**
- b. Yes No **The district has established a recency prerequisite for a course or program-----** **OR**
- c. Yes No **Another institution of higher education to which the student seeks to transfer has established a recency requirement which the student will not be able to satisfy without repeating the course in question. A student may repeat a course where less than 3 years has elapsed pursuant to this subdivision if documents show that repetition is necessary for the student's transfer to the institution of higher education. ****Documentation must be attached under this option******

Student's educational goal: _____

Related objectives and/or explanation: _____

Student's Statement: *I am petitioning to repeat the course identified above based on a significant lapse of time, and hereby certify that I have met the required conditions. I understand that if this petition is approved and I repeat this class, my official transcript will include the grades and units for both of these classes, and that both grades will be calculated in my Grade Point Average.*

STUDENT SIGNATURE: _____ **DATE:** _____

----- **OFFICE USE ONLY** -----

Counselor Statement: **I have reviewed the student's petition and transcript, and verified that he/she has met the required conditions. I am recommending approval of this petition.**

Counselor: _____ Date: _____ Approved Disapproved

Dean of Student Services/Designated Official: _____ Date: _____ Approved Disapproved

Reason for Disapproval: _____

Rev 07/13