COLLEGE OF MARIN

Petition to Repeat a Course Absent Substandard Academic Work

DATE RECEIVED_____

INITIALS _____

PLEASE PRINT. ALLOW 10 WORKING DAYS, FROM DATE RECEIVED, FOR REVIEW PROCESS.

COM IDENTIFICATION NO. M

NAME

LAST FIRST MIDDLE INITIAL

MAILING ADDRESS

NUMBER & STREET

CITY STATE ZIP

DAY PHONE

AREA CODE TELEPHONE NUMBER

EMAIL ADDRESS

COURSE REPETITION

I am petitioning to repeat _____

COURSE NAME

for the term: ❑ fall _____ ❑ spring _____ ❑ summer _____

Please review repeat policy in the College Catalog.

IMPORTANT: If you have been authorized to repeat a course, please be aware that the grade that you earn for this course will be part of your permanent academic record and will be posted on your official academic transcript. The grade may be counted in meeting a prerequisite; however, the new grade will not count toward units earned, GPA calculations, or graduation requirements. **You must wait one week after the start of new and returning student registration to register for the course.**

STUDENT SIGNATURE _____ DATE _____

DO NOT WRITE BELOW THIS LINE

DEAN OF ENROLLMENT SERVICES ❑ APPROVED ❑ DENIED ❑ PENDING

DATE _____ SIGNATURE _____

REASON FOR DENIAL OR PENDING PETITION

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