



Chabot-Las Positas Community College District

Petition to Repeat A Course

Chabot College

California Title V Regulations, as amended, determine the conditions and processes related to repetition, enrollment, and apportionment limits at California Community Colleges. An "Enrollment" occurs when a student receives an evaluative OR non-evaluative symbol on their official transcript per section 55023 (A,B,C,D,F, FW,P,NP,NC,CR OR W,I,IP,RD,MW). **Only a Military Withdrawal (MW) does not count toward "enrollment"**. Unless a course is noted as "repeatable" officially, the student who receives a satisfactory grade (C, CR, or higher) cannot repeat the course, unless an exemption applies per section 55042(b). If a student receives a sub-standard grade and/or withdraws from the course, the student is allowed to enroll in that course TWO more times (for a total maximum of THREE enrollments) per section 58161. Ca. Title V Regulations specify the circumstances under which a student may repeat a course per sections 55040-55045. This document is required for approval of repetitions beyond the limits noted in California Title V Regulations.

STUDENT MUST COMPLETE ALL INFORMATION REQUESTED

Date: _____

Student Name: _____

Student ID Number: W _____

E-Mail Contact: _____

Phone Contact: _____

Term/Year: _____

I hereby request approval to repeat (Enter Course Name and Course Number) _____
for the (enter number) _____ time. My previous enrollments resulted in the following grade entries for the terms indicated:
_____ grade in _____ term _____ grade in _____ term _____ grade in _____ term _____ grade in _____ term

The basis for this Petition to Repeat is indicated below (**check one AND attach documentation to support your petition request**):

- A. Significant Lapse of Time (per 55043 & 55003) - campus recency pre-requisite for _____
- Significant Lapse of Time (per 55043 & 55003) - another institution of higher education for _____

- B. Extenuating Circumstances (per 55045) - previous grade resulted from verified extenuating cases of accidents, illness, or other circumstances beyond the control of the student. Describe below the accident, illness or circumstance beyond your control and attach documentation which supports the extenuating circumstance:

- C. Special Course Repetition (per 55040 and 56029) - student with a disability repeating a special class for students with disabilities based on an individualized determination that such repetition is required as a disability-related accommodation for that student.

- D. Extraordinary Conditions [(per 55024(a)(10)) - one of previous three enrollments noted on student transcript resulted due to fire, flood, or other extraordinary conditions (per 55024 & 58509) OR if the District was unable to keep the college open for at least 175 days due to fire, flood, epidemic, emergency created by war, or other major safety hazards (per 58146)

- E. Legally Mandated Training [(per 55041(b) & 58161(c) (1)) - necessary to meet legally mandated training requirements as a condition of paid or volunteer employment for: _____

- F. Military Withdrawal [(per 55024(d)(1)) - student on active or reserve duty in U.S. Military received orders compelling withdrawal. Upon verification of orders, enrollment does NOT count in maximum number of enrollments nor withdrawals.

- G. Portion of Variable Unit Open Entry/Open Exit Credit Course (per 55044) - enrollment required to complete ONE TIME the entire curriculum of the variable unit course as described in the course outline of record. May NOT repeat any portion of the course, unless it is a) legally mandated, b)a special class for students with disabilities, c)justified by extenuating circumstances above, or d)to alleviate substandard work recorded for that portion of the variable unit course.

- H. Cooperative Work Experience [(per 58161 (c)(4) & 55252) - enrollment in a cooperative work experience course.

Student Signature: _____

Date: _____

Petition Approved - Counselor Signature Below

Petition Denied - Counselor Signature Below & Rationale Provided: _____

Counselor Signature: _____

Date: _____

Counselor Printed Name: _____