Las Positas College
PETITION TO REPEAT A COURSE

<table>
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<tr>
<th>NAME:</th>
<th>PHONE:</th>
<th>DATE:</th>
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</thead>
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ADDRESS:

SOCIAL SECURITY NUMBER OR STUDENT ID: MAJOR:

COURSE:______________ SEMESTER:______________

REASON: _____________________________________________

PREVIOUS COMPLETION: GRADE:_____ COUNSELOR: DISCIPLINE COORDINATOR:
Semester: ☐ Summer Year: ____
☐ Fall
☐ Spring

If you have completed one or more times previously, please check here: Please attach transcripts.

ACTION TAKEN: Approved ☐ Denied ☐

COMMENTS: _____________________________________________

_____________________________________________________

Dean of Student Services or Designee _____________________________________________
Date_________________

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1/04