

**Las Positas College
PETITION TO REPEAT A COURSE**

NAME:	PHONE:	DATE:
ADDRESS:		
SOCIAL SECURITY NUMBER OR STUDENT ID:	MAJOR:	
COURSE: _____ SEMESTER: _____		
REASON: _____		
PREVIOUS COMPLETION: GRADE: _____ Semester: <input type="checkbox"/> Summer Year: _____ <input type="checkbox"/> Fall <input type="checkbox"/> Spring <i>If you have completed one or more times previously, please check here _____ Please attach transcripts.</i>	COUNSELOR: _____ _____ Date _____	DISCIPLINE COORDINATOR: Approved: _____ Denied: _____ Reason: _____ _____ Signature _____
ACTION TAKEN: Approved <input type="checkbox"/> Denied <input type="checkbox"/>		
COMMENTS: _____ _____ _____		
Dean of Student Services or Designee _____		2/04
Date _____		

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