

SAN DIEGO MESA COLLEGE

PETITION FOR EXCEPTION TO COURSE REPETITION POLICY

Course Repetition Policy

- No course in which a “C” or better grade has been earned may be repeated.
- Students will not be allowed more than four enrollments in similar active participatory courses in Physical Education and Visual and Performing Arts, regardless of grade or symbol earned.
- Academic renewal is not allowed for work experience courses.
- Each course in which an unsatisfactory grade (“D,” “F,” or “NP”) has been earned may be repeated twice without a petition. The course being repeated must be the same as the original course, not its equivalent. Only the newly-earned units and grades will be used in computing the grade point average.
- Students will not be allowed more than three enrollments in any course, regardless of grade or symbol earned.

This petition must be submitted BEFORE the semester in which the course is requested to be taken.

Checklist for Submitting Petition for Exception to Course Repetition Policy

Note: All appropriate items must be completed before your petition will be accepted by the Evaluations Office.

- Complete** the top part of the petition on the other side of this form.
- Attach** a detailed statement of your reason(s) for requesting an exception on a separate sheet. Explain why you were unsuccessful in prior attempts and what changes you have made/will make to be successful in another attempt.
- Attach** documentation to support your reasons for requesting an exception to this policy.
 - Examples of documentation are: doctor’s letter, ER report, police report, court documents, requirements from professional schools, major preparation transfer requirements, course descriptions, and syllabi.
- Attach** unofficial transcripts/grade reports from all other colleges and universities attended.
- Discuss** with counselor and **obtain** recommendation and signature. **Counselor attaches:**
 - Academic Advisement Report, Unofficial Transcript by Term, and Milestones
- Obtain** recommendation and signature from the Department Chairperson:
Name: _____ Location: _____ Phone: _____
- Obtain** recommendation and signature from the Instructional Dean:
Name: _____ Location: _____ Phone: _____
- Return** the completed petition and all required attachments to the Evaluations Office “14-306.

Deadline for Petition Submission: Completed petition packets must be turned in by noon on the Thursday prior to the next Academic Review Committee meeting. The Academic Review Committee is scheduled to meet the 2nd Monday of each month. Students will be notified by email of the decision made by the Academic Review Committee.

Meeting dates are subject to change: www.sdmesa.edu/student-services/evaluations/academic-review-committee/.

Complete the other side of this form.

Revised 6/18/2019

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PETITIONS MUST BE APPROVED PRIOR TO THE SEMESTER IN WHICH THE COURSE WILL BE TAKEN

Name: _____ CSID # _____

Phone: _____ Email: _____

Students will be contacted regarding the decision of this petition by the phone number and email address on record. Students should visit www.myportal.sdccd.edu to update their contact information.

Reason for Petition – check one:

- Request repeat of a course in which a grade of “C” or higher was earned.
- Request repeat of a course in which three grades or symbols (A, B, C, D, F, P, NP, W) were earned.

COURSE DEPARTMENT & NUMBER	SEMESTER (S) /QUARTER (S) TAKEN <small>*If taken at another college, write name of college.</small>	GRADES(S) RECEIVED

Student Signature: _____ Date: _____

Attachments and signatures are required. See checklist and directions on the other side of this form.

COUNSELOR Recommendation: SUPPORT DO NOT SUPPORT
Reason (s): _____

Counselor Name: _____ Signature: _____ Date: _____

DEPARTMENT CHAIRPERSON Recommendation: SUPPORT DO NOT SUPPORT
Reason (s): _____

Chair Name: _____ Signature: _____ Date: _____

INSTRUCTIONAL DEAN Recommendation: SUPPORT DO NOT SUPPORT
Reason (s): _____

Dean Name: _____ Signature: _____ Date: _____

**Return completed petition and attachments to the Evaluations office, I4-306
for submission to the Academic Review Committee.**

Committee Action: APPROVED DENIED

Comments: _____

Signature, Academic Review Committee Chair

Date