LOS ANGELES PIERCE COLLEGE - PETITION TO REPEAT A CLASS

Student's Last Name,	First Name	Phone Number	Today's Date
Student ID Number	Birthdate	Student's Signature	
	Use this petition to	request one of the following	
A. Fourth enrollment i each time.	n a class you have taken thre	e times and received a grade of	D, F, W, No Credit or No Pass
Course F	Repeated Name & Number	Semester/Year tak	ken Grade received
1 st Attempt	repeated Name & Namber	Semestery rear tar	Grade received
2 nd Attempt			
3 rd Attempt			
		OR	1
	•	d a passing grade. Please expla	G
1 1	reei warrant a repetition in the grade point average (LACCD B	e space provided below. If appropart Space provided below. If appropart Space (1970).	oved, the new grade will not
·	- ,	O (2) WEEKS prior to the begins	ning of the semester
·			-
	_	below and attach documentati receive a response by your LAC	
eca more space, add more	pages as necessary. Tod will	receive a response by your EAC	Contain.
On the first day of the class	take the approved copy of the	nis petition to the class, obtain	a permission number from th
instructor, insert the correc	t information below and sub	mit it to Admissions and Recor	ds.
Course name and Catalog	z number: Class Number	(formerly Section number):	Permission Number:
	,	(Connect) Contention of the Co	
Ĺ			_
	DO NOT WF	RITE BELOW THIS LINE	
ACTION	REMARKS:		
	_		
Approved	Denied		
	_		

Revised 01 2020

By_____Date____