ADMISSIONS & RECORDS OFFICE
570 Golden Eagle Ave., Quincy, CA 95971
(530) 283-0202 – Fax (530) 283-9961

Petition to Repeat a Course

Date_____ FRC ID # or SSI #: _____

_____

Last Name First Initial

Address _____

PO Box/Street Address City State Zip

Date of Birth_____-_____-_____ Phone (_____)_____-_____

I hereby petition to repeat_____ in the _____CRN #_____.

Course Number & Name Semester & Year

I originally took this course during the _____.

Semester & Year(s)

Reason for repeat:

☐ Job Requirement (explain):_____

☐ Extenuating Circumstances (explain):_____

☐ Other (explain):_____

Both the original and subsequent grades will remain a part of the Permanent Record but may or may not be counted in units completed or GPA (Grade Point Average). Feather River College can provide no assurance that repeated courses will be treated in a like manner by other institutions.

Signature_____

RECORDS OFFICE USE ONLY (Attach grade screen for review by the Dean)

Former Grade_____ Units_____ GPA_____ Applies to Cumulative: ☐ Yes ☐ No

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DEAN OF INSTRUCTION _____Approved _____Denied

Count in Apportionment ☐ Yes ☐ No Signature _____

Processed By_____ Date_____

☐ Copy to Registrar ☐ SFASRPO