

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 #:									
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Last Name												First		Initial			
Addr	ess_																
PO Box/Street Address Email												Ž			1		
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I hereby petition to repeatin theCRN # Course Number & Name Semester & Year														·			
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I orig	I originally took this course during the Semeste											ester & Year(s)		Reaso	n for repeat:		
□ Jo	b R	equire	men	t (exp	lain)):											
□ Ex	xten	uating	; Circ	cumsta	ance	s (e	xp]	lain)):								
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RECORDS OFFICE USE ONLY (Attach grade screen for review by the Dean)																	
Forn	ner	Grac	le		1	Uni	its_				_G	PAApplies to	Cum	ulative: 🗆 Y	es □ No		
Cou	nt i	n Ap	por	tionn	nen	t 🗆	Y	es		N	lo						
<u>DE</u> A	N	OF I	NST		CT] pro			((On	ly	re	quired with a satisfa Denied	ctory	grade, C	or above)		
Signature										Date							
Proc	Processed By										Date						
□ C	□ Copy to Registrar									□ SFASRPO							