



Fourth Attempt Petition Spring/Fall Semesters Only

For Office Use Only:

Intake Clerk: _____

Logged: _____

Name: _____ Student I.D. #: _____
Last First M.I.
Address: _____ Date of Birth: _____
Number Street Apt. #
Email: _____
City State Zip Code Phone Number: _____

Fourth Attempt: A student may enroll and receive an evaluative symbol of “D, F, NCR and NP” and/or a non-evaluative symbol of “W” in the same credit course a maximum of three times. Title 5 Regulation 55024 allows a district to establish a petition process for students attempting this same course a fourth time due to extenuating circumstances.

Extenuating Circumstances: According to Board Rule 6701.10, “Extenuating circumstances may include, but are not limited to, **verified** cases of accidents, illness, military service, significant lapses of time, changes in program or major, or other circumstances beyond the control of the student.”

Filing Periods: (Fourth Attempt Petitions will be considered for spring/fall semesters only).

- Spring semester: October 1 to December 21
- Fall semester: April 1 to June 1

Provide the following information for the course and semester in which you wish to enroll:

COURSE TITLE & NO.	SEMESTER / YEAR Spring/Fall

Required steps and documentation (Incomplete petitions will not be accepted):

- ☐ **Step 1** - Use the reverse side of this form to:
- State the reason(s) for **each** substandard grade and/or frequent withdrawal in the course you wish to repeat.
 - Explain what measures you will attempt to improve your academic performance in this course.
- ☐ **Step 2** – Meet with a counselor to obtain a Comprehensive Student Educational Plan (SEP).
- ☐ **Step 3** - Attach the Comprehensive Student Education Plan (SEP) and documents to verify and support your reason(s) for each substandard grade and/or frequent withdrawal. **Note: Official documentation is critical to the review and approval process.**
- ☐ **Step 4** - Submit all documents, within the filing period dates, to the Office of Admissions, SSA 107

After review, the Office of Admissions and Records will mail the decision to the student within 15 calendar days after the decision is made. Approved students are allowed to register **in-person only** in the Office of Admissions, SSA 107, during the first week of the term. Must bring permission number or add permit.

Specifically describe the extenuating circumstances that prevented you from successfully completing this course. (Attach additional pages if necessary):

1st Attempt Semester/Year _____ – Withdrawal or Substandard Grade _____:

2nd Attempt Semester/Year _____ – Withdrawal or Substandard Grade _____:

3rd or More Attempts Semester/Year _____ – Withdrawals or Substandard Grade _____:

Specifically explain what measures you have taken or will take to improve your academic performance in this course:

Counselor Name: _____ **Signature:** _____

Student Signature: _____ **Date:** _____

FOR OFFICE USE ONLY		Notice sent: _____
<input type="checkbox"/> Approved	_____	
<input type="checkbox"/> Denied	_____	
<input type="checkbox"/> No Action	_____	
Signature: _____		Date: _____