



Fourth Attempt Petition Spring/Fall Semesters Only

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.

Eligibility Criteria to submit petition: All conditions below must be met.

- In Good Standing (2.0 LACCD cumulative GPA or higher).
- Student Educational Plan (SEP) completed by a counselor. SEP must include planning for current Academic year. Course must be on the SEP with the reason why the student needs to repeat it. A copy of the SEP must be attached to petition.
- Supporting documentation must be attached for each extenuating circumstance listed in petition.
- Must not have attempted course more than three times within the LACCD.

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

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

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

| COURSE PREFIX & NO. | SEMESTER / YEAR Spring/Fall |
|---------------------|--------------------------------|
| | |

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

- Step 1** - Use page 3 of this form to:
 - A. State the reason(s) for **each** substandard grade and/or frequent withdrawal in the course you wish to repeat.
 - B. 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 supporting 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 (via email sparc@elac.edu or through the Virtual Lobby in ConexEd www.elac.edu/Student-Services/Admissions) or in-person at E1-105).

After committee review, the Office of Admissions and Records will email the committee’s decision to the student’s LACCD email address within 15 calendar days after the decision is made. Approved students are allowed to register online or in-person in the Office of Admissions, E1-105, during the first week of the term. Must bring the permission code provided by the instructor.

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.” ***Please refer to the extenuating circumstances chart below for a list of acceptable reasons and required documentation. Documentation must be submitted for each circumstance reported on page three.***

| Extenuating Circumstances Chart | |
|--|--|
| Extenuating circumstances or circumstances beyond the control of the student: | Examples of acceptable documentation: |
| Military service | Active or reserve service orders. |
| Significant lapses in time since course last attempted (defined as five or more years) | LACCD Transcript. |
| Order to appear in Court (e.g., Jury duty, court case) | Jury Duty summons, court order. |
| Incarceration | Release papers. |
| Advised to withdraw based on previous Title 5 policy. | LACCD Transcripts showing attempts prior to fall 2012 policy change. |
| Serious injury/accident of student or dependent | Police report, insurance claim, medical report. |
| Caring for Ill Family member | Medical report, letter from physician or medical clinic. |
| Illness/Death of Pet | Documentation from veterinarian or animal hospital. |
| Natural disaster (e.g., earthquake, flood) | Insurance claims. |
| Homelessness | Shelter documentation or other. |
| Victim of a crime (student or dependent) | Police report. |
| Disability/illness of student or dependent | Medical report, letter from physician or medical clinic. |
| Birth of child or pregnancy complications | Birth certificate and/or medical report. |
| Loss of job or temporary relocation of student or family | Letter from employer, change of address forms. |
| Loss of transportation | Police report, insurance claim. |
| Divorce of student or parents | Court documentation. |
| DSP&S disability and/or medical verification | Letter from DSP&S program. |
| Bereavement – death of close family member | Copy of death certificate, funeral service booklet or letter from priest/pastor. |
| Unexpected change in work schedule during term | Letter from employer. |

Name: _____

Student I.D. Number: _____

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 _____:

List Extenuating Circumstance: _____

Type of documentation attached: _____

Explain the extenuating circumstance: _____

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

List Extenuating Circumstance: _____

Type of documentation attached: _____

Explain the extenuating circumstance: _____

3rd Attempt Semester/Year _____ Withdrawal or Substandard Grade _____:

List Extenuating Circumstance: _____

Type of documentation attached: _____

Explain the extenuating circumstance: _____

Check which measures you have taken or will take to improve your academic performance in this course:

Utilize tutoring. For example, Math lab or Writing Center.

Reduce work hours or course load.

Meet with instructor during office hours.

Student Signature: _____ Date: _____