LOS ANGELES MISSION COLLEGE
PETITION FOR REPEATED COURSEWORK

NAME_____

(print) LAST FIRST MI STUDENT ID

ADDRESS_____

STREET CITY STATE ZIP CODE

BIRTHDATE_____ **PHONE NUMBER ( )**_____

You may petition to remove a repeated course from your academic record. You are entitled to repeat substandard grades (less than a "C") were awarded. The repeated course must have been repeated within the Los Angeles Community College District.

Student Signature_____ **Date** _____

FIRST TAKEN		SUBSEQUENTLY TAKEN	
Course Name/Number		Course Name/Number	
Semester/Year		Semester/Year	
College		College	
Grade		Grade	
Section Number		Section Number	

FIRST TAKEN		SUBSEQUENTLY TAKEN	
Course Name/Number		Course Name/Number	
Semester/Year		Semester/Year	
College		College	
Grade		Grade	
Section Number		Section Number	

FIRST TAKEN		SUBSEQUENTLY TAKEN	
Course Name/Number		Course Name/Number	
Semester/Year		Semester/Year	
College		College	
Grade		Grade	
Section Number		Section Number	

FOR OFFICE USE ONLY	
Date Processed:	Please Confirm Online the processed petition.
Comments:	