FOURTH ATTEMPT PETITION

Last Name	First Name	Middle Initial	SID Number
Other Names Used		**Date of Birth**	**Telephone Number**
Address	**City**	**State** **Zip**	**LACCD Email**

IT IS VERY IMPORTANT THAT YOU READ ALL INFORMATION CAREFULLY BEFORE COMPLETING THIS FORM:

Fourth Attempt Petition – A student may repeat a course in which substandard grades ("D", "F", "NCR" and "NP") and/or non-evaluative symbol of "W" were awarded, provided they have not already attempted the same course three times. A student may repeat the course one more time (four times total enrollment) upon approval of a filed petition documenting **extenuating circumstances**. **LACCD Board Rule 6701.10**

Extenuating Circumstances – "Extenuating circumstances are verified cases of accidents, illness, or other circumstances beyond the control of the student." LACCD Board Rule 6704.10 A

Filling Periods -

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

Complete for the course and semester in which you wish to enroll:

Course Title & Number	Semester & Year
Ex: Math 227	☐ **Spring** _____ ☐ **Fall** _____ Third Course Repeat Petitions will be accepted for Spring/Fall semesters only.

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

☐ **Step 1 –** Complete the reverse side of this form and attach any supporting documentation to substantiate extenuating circumstances.

☐ **Step 2 –** Attach a current Comprehensive Student Educational Plan (SEP)

☐ **Step 3 –** Your petition will be reviewed. A decision notification will be emailed to your LACCD email the week before the start of semester.

☐ **Step 4 -** If you are approved, you are allowed to register in-person only during the **first week** of the semester. Bring your permission number (required) and the approval email notice to the Admissions Office counter for processing. No priority enrollment will be given.

Please state and explicitly 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 Attempt Semester/Year_____ Withdrawal or Substandard Grade_____:

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

Student Signature_____ **Date**_____

FOR OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE

☐ Granted ☐ Denied ☐ Postponed

Comments/Recommendation

Signature Date