

Admissions, Registration and Records

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Tel 303.556.2420
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www.ccd.edu
South Classroom 133



COMMUNITY COLLEGE OF
DENVER

PETITION FOR REPEATED COURSES

Name _____

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Student ID Number

Address _____
Street Apt. #

City State Zip

Phone () _____ - _____ E-mail _____

To be completed by the student

CURRENT COURSE INFORMATION

Course Title _____

Term when replacement course taken: Summer Fall Spring Year _____

Course ID: Prefix, Number & Section: _____ Number of credit hours _____

PREVIOUS COURSE INFORMATION

Course Title _____

Term when original course taken: Summer Fall Spring Year _____

Course ID: Prefix, Number & Section: _____ Number of credit hours _____

REPEATED COURSE POLICY STATEMENT

All college courses may be repeated. The academic record will list all course(s). A notation will follow the course indicating that the course was repeated and designating whether the courses will be included in the GPA. The highest grade will be used in the GPA calculation. There will be no limitation on course grades that are eligible for repeat.

Student Signature _____ Date _____

Office Use Only
Received by _____ date _____
Processed by _____ date _____