

Office of Registration & Records Confluence Building – Room 114 800 Curtis St. Denver, CO 80204 303.556.2420 | ccd.orr@ccd.edu

## **Petition for Repeated Course**

Student Name (print):		
S#:	_ Phone:	
Student E-mail:		

Note: Your official CCD email account is the only email CCD will accept for correspondence.

## **Policy Statement on Repeated Course:**

A student may repeat any course. Each registration for the course and each grade received will be listed on the student's transcript. Subject to the following provisions, students may petition to have only the highest grade calculated into the grade point average (GPA) provided that:

- 1. The course continues to be offered by the college with the same course prefix, number, title, and credit hours.
- 2. The student files the appropriate petition form with the Office of Registration & Records with the correct dates and course numbers.

## **Repeated Course Information:**

**ID-REPEATED COURSES PETITION** 

Semester and year which o	ourse was repeated:		
Course Title:			
Credit Hours:	Credit Prefix:	Number:	
Previous Course Informa	tion:		
Semester and year which c	ourse was repeated:		
Course Title:			
Credit Hours:	Credit Prefix:	Number:	
Mailing Addre	ess: Campus Box 201   P.O. Box 1	73363   Denver, CO 80217	
Revised: 04/13/2020	Page <b>1</b> of <b>2</b>		ORR-20

## **Petition for Repeated Course**

S#: \_\_\_\_\_

I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.

Student Signature:			Date:	
Internal Use Only				
Repeated Course Completed:	◯ Yes	🔿 No		
New Grade Earned:				
Received By:			Date:	
Processed By:			Date:	