

Admissions & Records

College of the Siskiyous, 800 College Ave., Weed, CA 96094
Phone: (530) 938-5500 - Fax: (530) 938-5367 – Email: registration@siskiyous.edu

Course Repeat

AP 4225; Title 5 - 55230

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Student ID#: S00 _____ or SSN: _____

COS Email: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

I hereby request permission to repeat the following course(s):

Course Number (i.e. ENGL 1001)	Course Title (i.e. English Composition)	Units

Course was originally completed in: Fall Spring Summer Winter Grade: _____

Course to be completed during: Fall Spring Summer Winter

If course has been repeated at another school, please indicate where. _____
(Official copy of transcript must be submitted)

Indicate reason for repeat (check box)

- I need to repeat course since a significant lapse of time has occurred since the course was originally taken and an update of information is needed. Repeated course will not be counted in Grade Point Average (GPA) calculations (Title V, Section 55763).

Please specify how repeating course work will be of assistance to you:

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- I need to repeat course to fulfill the requirements of a legally mandated training requirement for paid or volunteer employment. Credit for each repeat will be computed in student's GPA.

Signature: _____ Date: _____

Office Use Only	
_____ Official Signature	_____ Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Entered into system: _____	