



COURSE REPETITION FOR EDUCATIONAL ASSISTANCE
CLASSES FOR STUDENTS WITH DISABILITIES

****Submit the completed form to the Admissions & Records office.**

Student Information

Name: _____
Last First M.I.

Address: _____
Address City State Zip Code

Phone: _____ **Student ID:** _____

Email Address: _____

Term for repeated course: Fall Spring Summer **Year:** _____

Department & Course: _____ **College:** _____

Class Title: _____ **Class Number:** _____

Repeat a educational assistance class for students with disabilities any number of times based on an individualized determination that such repetition is required as a disability-related accommodation for that particular student for one of the reasons specified in [Title 5, sections 55040(b)(7), 56029]

Note: When repeating a educational assistance class the previous grade and credit may be disregarded in computing the student's grade point average each time the course is repeated. All prior work must remain legible on the student's academic record to ensure a true and complete academic history. [Title 5, section 55040 (b)(7)]

X _____
Student Signature Date

DSPS Coordinator or Counselor Use Only

Approved Denied **Reason:** _____

Student notified by: _____ Phone Email In-Person
Name

X _____
DSPS Coordinator or Counselor Signature Date

Note: If the request is approved, the Admissions and Records office at the college will register the student for the course listed. This form will be retained by Admissions and Records and all necessary transcript actions will be completed once grades have been posted at the end of the term.

Admissions and Records Use Only

Registration processed by: _____ Grade flagged as repeat **Date:** _____