



**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** \_\_\_\_\_  Grade flagged as repeat **Date:** \_\_\_\_\_