

# **LOS ANGELES MISSION COLLEGE** **PETITION FOR REPEATED COURSEWORK**

**NAME** \_\_\_\_\_

(print) LAST
FIRST
MI
STUDENT ID

**ADDRESS** \_\_\_\_\_

STREET
CITY
STATE
ZIP CODE

**BIRTHDATE** \_\_\_\_\_ **PHONE NUMBER (    ) \_\_\_\_\_**

You may petition to remove a repeated course from your academic record. You are entitled to repeat substandard grades (less than a “C”) were awarded. The repeated course must have been repeated within the Los Angeles Community College District.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

FIRST TAKEN		SUBSEQUENTLY TAKEN	
Course Name/Number		Course Name/Number	
Semester/Year		Semester/Year	
College		College	
Grade		Grade	
Section Number		Section Number	

FIRST TAKEN		SUBSEQUENTLY TAKEN	
Course Name/Number		Course Name/Number	
Semester/Year		Semester/Year	
College		College	
Grade		Grade	
Section Number		Section Number	

FIRST TAKEN		SUBSEQUENTLY TAKEN	
Course Name/Number		Course Name/Number	
Semester/Year		Semester/Year	
College		College	
Grade		Grade	
Section Number		Section Number	

FOR OFFICE USE ONLY	
Date Processed:	Please Confirm Online the processed petition.
Comments:	