



Admissions & Records Office

Request for Course Repetition

Return completed form to:

Admissions & Records

Please print clearly. Complete all information in order for this request to be processed.

Today's Date: _____

Student ID Number: _____

Name: _____
Last Name First MI

Name of Course to be repeated (Example, ENGL 103=English 103): _____

*Semester & Year class was last taken: _____ Grade: _____

* Semester & Year in which you plan to repeat the course: _____
(*Example: S00 = Spring, 00; X 99 = Summer session, 99; F01 = Fall, 01)

I request the above course repetition for the following reason:

- Due to extenuating circumstances * (please attach supporting statement):
*Example: Medical emergency, submit doctor's statement or hospitalization verification
 - Accident
 - Illness
 - Family Crisis
- Other: ** (Requires instructor's signature. Please explain reason): _____

** Instructor Signature Date Student's Signature Date

Note: For additional information on Napa Valley College policies regarding course repetition please see current college catalog.

Office Use Only

_____ Approved _____ Denied _____ Other

Comments:

Associate Dean's Signature _____ Date _____