PLEASE PRINT
Admissions and Records Petition
Repeat a Course

Rec'd By _____
Date   _____

Petition Refers to: Fall   20_____
Spring   20_____
Summer 20_____

SOLANO
COMMUNITY COLLEGE

_____   _____
Student Name   Date of Birth

_____   _____
Mailing Address   SCC Email Address

_____   _____
City   State   Zip   SCC ID#

COURSES IN CONFLICT:

CRN #	Dept Name	Course Title	Unit Value	Day	Hour	Instructor

REASON FOR PETITION: _____

_____

INSTRUCTOR'S EXPLANATION OF HOW TIME WILL BE MADE UP AND DOCUMENTED BY THE INSTRUCTOR (a record of these hours must be submitted to the Office of Admissions and Records at the end of the semester):

_____
_____
_____

_____   _____
(Instructor's Signature)   **(Date)**

☐ *Approved*   ☐ *Denied*

_____   _____
Division Dean's Signature   **Date**

OAR: ☐ *Approved*   ☐ *Denied*   *Date:*   *By:*

This petition will only be considered for approval if extenuating circumstances exist and all requirements are met. Petitions are considered on a case-by-case basis.

☐ **Attendance documents received.**

Form Distribution: **White: OAR**   **Yellow: Division Dean**   **Pink: Instructor**   **Goldenrod: Student**

O\Admissions and Records\Forms\Petition\Approve Time Conflict 8.1.07