

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

NAME _____ **88** _____
 (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:	