



**AUTOMATIC REPEAT PETITION**  
**Office of Admissions and Records**

Name _____ Last First	Student ID# _____
Address _____ Number Street	Date of Birth _____
City State Zip	Email _____
	Contact Number _____

**DIRECTIONS:** Upon completion of a repeated course where the previous substandard grade is a "D" or "F," a student should complete this form and submit it directly to the Admissions Office. The highest grade earned will be computed in the cumulative grade point average and will be so annotated on the student's academic record. The higher grade(s) will replace or supersede the substandard grade(s) and unit(s). Please note that all history of coursework will still remain on the transcript. **This policy is adopted for courses completed in or out of the Los Angeles Community College District.** Board Rule 6700 does not specifically preclude using equivalent courses taken outside of LACCD for repeat of a substandard grade.

Course Name and Number \_\_\_\_\_

Semester / Year First Taken _____	Semester / Year Repeated _____
Grade _____	Grade _____
Section No _____	Section No _____

Course Name and Number \_\_\_\_\_

Semester / Year First Taken _____	Semester / Year Repeated _____
Grade _____	Grade _____
Section No _____	Section No _____

Course Name and Number \_\_\_\_\_

Semester / Year First Taken _____	Semester / Year Repeated _____
Grade _____	Grade _____
Section No _____	Section No _____

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFFICE USE ONLY**

**Processed By** \_\_\_\_\_ **Date** \_\_\_\_\_