

CCD recognizes the value of successful course completion for all students in regards to retention, degree completion, transfer, and credential attainment. Recognizing that, at times, repeating courses is necessary or desired, the following practices and procedures for limiting the number of times that can occur ensures accountability for those choices related to financial aid impact, academic standing and successful credit completion.

This packet includes information that students who are petitioning to repeat a course are required to complete in order to (*Student checks the option related to this appeal.*):

Obtain an Advisor review of a Petition for Repeat Courses when attempting to register for a course a third time,

Appeal a denied Petition for Repeat Courses (denied by Advisor), and/or

Appeal to register for a course for a fourth time.

For initial review and approval determination of Petition for Repeat Courses with an Advisor when attempting to register for a course a third time, a **typed letter of appeal is required** explaining why a third time course repeat is necessary and how it relates to educational goals and degree completion and/or educational pathway goals. Any supporting documentation from third parties or information pertaining to related circumstances connected to this petition must be included/attached.

Students must **schedule an appointment with their General Studies Advisor or Program Advisor to review their petition for approval determination.

If an initial Petition for Repeat Courses is denied by the General Studies or Program Advisor, an appeal can be made per steps and direction included in this packet to the Repeat Appeals Committee.

<u>If a student seeks to repeat a course for the fourth time</u>, an appeal is required per steps and direction included in this packet to the Repeat Appeals Committee.

The Repeat Appeals Committee will review each appeal packet and reach a decision. Students will receive notification of the decision within a week after review and appeal determination. Admissions, Records and Registration will enact the repeat course permissions per the recommendation of the Repeat Appeals Committee.

Please NOTE: The last day to submit an appeal packet is two weeks prior to the posted start date of each semester. If a student submits an appeal later than the two-week window, it will be considered for the following semester. No <u>late registrations</u> will be allowed for students requesting to repeat a course for a third or fourth time.

Repeating Courses – Catalog Addendum, May 2014

All CCD college-level courses may be repeated twice at CCD. For most courses, once a student attempts to register for the same course a third time, they will be directed to an advisor and must be approved for registration.

If a student is denied registration, the student does have the right to appeal through CCD's Repeat Appeals Committee. A fourth repeat attempt will also require an appeal, which must be approved by the Repeat Appeals Committee.

Each grade received will be listed on the transcript. The transcript notation will follow the course indicating that the course was repeated and designating whether the course will be included in the GPA. The highest grade will be used in the GPA calculation.

All credit hours earned for initial and repeated courses will be deducted from a student's remaining COF stipend eligible hours. Repeating a course may impact a student's financial aid eligibility.

If the same grade is earned two or more times for a repeated course, the most recent instance of the duplicate grade will be included in the term and cumulative GPA. All other duplicate grades will be excluded from the term and cumulative GPA. The Repeat Policy does not apply to courses transferred to CCD.

Repeated courses may be applied only one time to a certificate or degree, except for variable credit courses and designated courses that may be repeated within program requirements. CCD will designate courses that may be repeated within program requirements.

FERPA rules and regulations do not allow the committee to communicate with you through your **personal email** account. As a result, <u>you must use your CCD student email</u> to contact CCD for any information regarding your appeal process, or any other questions/concerns you may have regarding advising services.

Decisions made by the Repeat Appeals Committee are final.

I have read and understand the information contained above:

Student:

Print Name

Signature

Date

**Completed appeal packet and attached documents can be dropped at the AAC in Confluence 123 to the attention of the Director of the Academic Advising Center for review by the Repeat Appeals Committee.

Repeat Course Appeal – Initial

| Name: | First | | | | Last | |
|--------------|--|-----|------|-----------|------|--------------------|
| S#: S | | | | | | |
| Email: | Your official CCD email account is the only email CCD will acc | | nden | ce. | | _@student.cccs.edu |
| CCD Prog | ram: | _ | A | □ AS | | |
| Certificat | e: | Cun | ulat | tive GPA: | | |

INITIAL REPEAT COURSE PETITION

Please attach a **typed letter of appeal** explaining why you are seeking to register for a course for the third time and how it relates to your degree completion/educational pathway goals. Any supporting documentation from third parties or information pertaining to related circumstances connected to this petition must be included/attached.

Students must **schedule an appointment with their General Studies Advisor or Program Advisor to review their petition for approval determination.

- I understand that should this Petition for Repeat Courses be granted by the Advisor that **MONTHLY STUDENT PROGRESS REPORTS for this course are required.**
- I understand that it is my responsibility to contact my instructor for this course so they can complete a monthly student progress report on my performance in the class.
- I understand that the Monthly Progress Report is to be turned in to my General Studies or Program Advisor by the 15th of each month.

| Print Name | Signature | Date |
|---|--|---------------------|
| Inte | ernal Use Only | |
| I have met with the student to review their initial Petitio achievement of their educational goals. After reviewing | | |
| GRANT approval for the student to repeat the course | for the third time based on the following re | easons: |
| | | |
| | | |
| *In order to allow the student to register per your appro approval must be provided to the Admissions, Records o | | dicating a positive |
| | | |
| \Box DENY approval for the student to repeat the course for | or the third time based on the following rea | isons: |
| \Box DENY approval for the student to repeat the course fo | or the third time based on the following rea | isons: |
| DENY approval for the student to repeat the course fo | or the third time based on the following rea | isons: |
| DENY approval for the student to repeat the course fo | or the third time based on the following rea | isons: |

Repeat Course Appeal First Appeal to Repeat Appeals Committee

| Name: _ | | | | | | |
|--------------|---|----------------------|-----------|-----------|------|--------------------|
| | First | M.I. | | | Last | |
| S#: S | | _ Phone #: | | | | |
| Email: _ | Your official CCD email account is the only email CCD w | vill accept for corr | responden | ce. | | _@student.cccs.edu |
| CCD Pro | gram: | | | □ AS | | |
| Certifica | te: | | Cumulat | tive GPA: | | |

DENIED REPEAT COURSE PETITON APPEAL*

Please include your **original letter of appeal** submitted to your Advisor with the initial Petition for Repeat Courses.

Additionally, **please include another page responding to** the reasons described by your Advisor as to their denial of your petition and **outlining action steps you will take to** deal with the circumstances, concerns or issues addressed by your Advisor. Furthermore, please identify **two campus resources/offices that you will utilize** to assist with your success is this course.

In order to achieve success in this course, I will access and complete what is necessary related to the following *two* campus resources or offices – please initial by selections:

- ____Tutoring Services
- ____Departmental/Support Program Study Groups
- Career Development Center Transfer Success Center
- ____Iransfer Success Cer
- _Resource Center success workshops
- ____Student Life-Human Services Resources
- ____Other applicable campus resource list name of ____

Please outline all of the courses that you hope to take for the next two semesters.

| FIRST SEMESTER | | | | SECOND SEMESTER | | | | |
|-----------------------------|------------------------|---------|----------------------------|----------------------|---------------------|----------------|---------------|--|
| Summer 20 Fall 20 Spring 20 | | | Summer 20 Fall 20 Spring20 | | | | | |
| <u>Prefi</u> | | | D/F | | | | <u>D/F</u> | |
| <u>x</u> | <u>Course Title</u> | Credits | <u>REPEAT</u> | <u>Prefix</u> | <u>Course Title</u> | <u>Credits</u> | REPEAT | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| То | Total Semester Credits | | То | tal Semester Credits | | | | |

- I understand that should this denied repeat course petition appeal be granted by the Repeat Appeals Committee that **MONTHLY STUDENT PROGRESS REPORTS for this course are required.**
- I understand that it is my responsibility to contact my instructor for this course so they can complete a monthly student progress report on my performance in class.
- I understand that the Monthly Progress Report is to be turned in to my General Studies or Program Advisor by the 15th of each month.

Student:

Repeat Course Appeal – Fourth Time/Second Appeal to Committee

| Name:F | irst | M.I. | | Last | |
|----------------------------------|---|---------------------|------------|-------------|--------------------|
| S#: S | | Phone #: | | | |
| Email: Your official CCD emai | l account is the only email CCD will ac | cept for correspond | ence. | | _@student.cccs.edu |
| CCD Program: | | 🗆 🗆 🗛 | AS | 🗆 AGS 🗆 AAS | |
| Certificate: | | Cumu | ative GPA: | | |

FOURTH TIME REPEAT COURSE APPEAL*

- Please attach a typed letter of appeal explaining why a fourth time course repeat is necessary.
- Please address, why, after having been granted a third time course repeat, a request/appeal for a fourth time repeat is being made. Any supporting documentation from third parties or information pertaining to related circumstances connected to this appeal must be included/attached.
- Please outline action steps you will take to be successful in this course and two campus resources/offices that you will access to assist towards your success is this course.

In order to achieve success in this course, I will access and complete what is necessary related to the following *two* campus resources or offices – please initial by selections:

- _____ Tutoring Services
- _____ Departmental/Support Program Study Groups
- Career Development Center
- _____ Transfer Success Center
- _____ Student Life-Human Services Resources
- Resource Center success workshops
 Other applicable campus resource

Please outline all of the courses that you hope to take for the next *two semesters*.

| FIRST SEMESTER | | | | SECOND SEMESTER | | | | |
|-----------------------------|---------------------|----------------|----------------------------|-----------------|--------------|----------------|---------------|--|
| Summer 20 Fall 20 Spring 20 | | | Summer 20 Fall 20 Spring20 | | | | | |
| <u>Prefi</u> | | | <u>D/F</u> | | | | <u>D/F</u> | |
| <u>x</u> | <u>Course Title</u> | <u>Credits</u> | <u>REPEAT</u> | <u>Prefix</u> | Course Title | <u>Credits</u> | REPEAT | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total Semester Credits | | | Total Semester Credits | | | | | |

- I understand that should a fourth time repeat course appeal be granted by the Repeat Appeals Committee that **MONTHLY STUDENT PROGRESS REPORTS for this course are required.**
- I understand that it is my responsibility to contact my instructor for this course so they can complete a monthly student progress report on my performance in class.
- I understand that the Monthly Progress Report is to be turned in to my General Studies or Program Advisor by the 15th of each month.

Student:

Print Name

Signature

Date

^{**}Completed appeal packet and attached documents can be dropped at the AAC in Confluence 123AAC to the attention of the Director of the Academic Advising Center for review by the Repeat Appeals Committee.

Repeat Course Appeal – Processing Document (Internal Use Only)

| Repeat | t Appeals Comm | ittee Only | |
|---|-------------------|------------|-----------|
| Reviewed Date by the Appeals Committee: | | _ | Comments: |
| Repeat Course Petition Appeal: Approved Semester Approved: | | Pending | |
| Course Approved for Repeat: | _ | | |
| Repeat Course Override Entered: | _ (Initials/Date) | | |
| Committee Members' Initials: | | _ | |
| | | - | |