

Significant Lapse of Time Petition

For Office Use Only:

Last N	Name			First Name	Delta ID	Student Email
					20.02.02	
Dept.	. Name/No.	of Course		Tern	1 & Year Completed	Grade Received
If you	ı did not co	mplete the	above	course at SJDC please	indicate the College or University*	where you completed course:
*Offic	ial Transcript	s from indica	ted Co	llege or University must b	e on file with Admissions & Records	
Pleas	e indicate t	erm & year	you a	re requesting permission	on to retake this course:	
Sı	ummer	_Spring	_Fall	Year:	Course Code Number:	
Under there v	the followir was a signifi ars must pr	ng condition cant lapse o	is a stu of time	dent may be permitted (6 years) since the grad	ice: Title 5, Section 55043 If to repeat a course in which a grade de was obtained. The student seekin dence to justify the repetition of the	g to repeat a course after the passage
		· - ·		wing reasons for reque st be submitted with th	sting to repeat a course in which you is petition):	u received a passing grade
	Recency requirement: Documentation shows institution of higher education where I wish to transfer has a recency requirement that cannot be satisfied without repeating the course.					
	OR					
					ore years have passed since "C" or beer of justification for repetition is at	_
 Stude	nt Signatur	re				Date
				ADMISSIONS 8	RECORDS OFFICE USE ONLY	
	Granted					
	Denied					
Comm	nents:					
Director of Admissions & Records Signature						 Date