**SPECIAL CLASS REPEAT PETITION**
San Joaquin Delta College

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Delta ID #</th>
<th>Delta Student Email</th>
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| Dept. & No. of Course (i.e. Psych 1) | Course Code | Term & Year | Phone Number |

Please read the following before completing this petition:

*California education code 55040(b)(8)* permits a student with a disability to enroll multiple times in classes designated as “special classes” as a disability related accommodations for a reason specified in section 56029. The grade and credit for repeated courses shall remain on the student’s permanent record.

A student may petition the Director of Admissions and Records to repeat a special class for students with disabilities any number of times based on an individualized determination that such repetition is required as disability-related provided that:

- **A.** Continuing success of the student in other general and/or special classes is dependent on additional repetitions of a specific special class.

- **B.** When additional repetitions of a specific special class are essential to completing a student’s preparation for enrollment into other regular or special classes.

- **C.** When the student has a student educational contract which involves a goal other than completion of the special class in question, and repetition of the course will further achievement of that goal.

☐ I have met with a DSPS College Counselor regarding this course repeat request and understand the limitations and requirements.

Student’s Signature ____________________________ Date ____________

************************************************************************************College Counselor Only************************************************************************************

☐ I am recommending the student’s petition be granted based on the criteria noted above.

Counselor’s Signature: ____________________________ Date ____________

************************************************************************************Director of Admissions & Records Only************************************************************************************

☐ Granted

☐ Denied

Director of Admissions & Records Signature ____________________________ Date ____________

Submit to: Admissions and Records window located in the DeRicco Student Services Building - 1st Floor