SPECIAL CLASS REPEAT PETITION
San Joaquin Delta College

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<th>Last Name</th>
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Phone Number          Delta Student Email

@students.deltacollege.edu

Dept. & No. of Course (i.e. Psych 1)  Course Code  Term &Year

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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 to develop a Student Education Contract and understand the limitations and requirements regarding course repetitions.

Student’s Signature__________________________________________ Date________________________

Instructor’s Signature________________________________________ Date________________________

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

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

DSPS 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