

COURSE REPEAT PETITION

Last Name	First Name	Delta ID #
Delta Student Email	Phone Number	
1st Choice Course Name (i.e. Psych 1)	or Course Code (Required)	Alternate Choice Course Code (if 1st choice section is full)
Please read the following before completing this petition:		
Course Repetition (BP/AP 4220.1)		
course for a 4th attempt. The Adr course once open enrollment has be seat availability at the time of open	missions and Records office will at begun for the semester. Enrollment on enrollment. If your first choice co- licated. If both are full and there is	te this petition to request to enroll in a tempt to enroll the student into the tin requested course will be based on ourse is full we will attempt to add room on the wait list we will attempt
Please note:		
the course. 2. Student is permitted to d however, your 4th attempor NP your fourth attempts.	-	if it is prior to the "No W" date. If late and you receive a W, D,F, FW, s will be permitted.

Student's Signature: _____ Date_____