Excessive Course Attempts
Attempting a course for the Fourth Time
Valid only for requested semester/term

Upon petition students who have attempted a course 3 times and have earned a grade of D, F, W, NC or NP are permitted ONE additional attempt at enrolling in the course. A student may not appeal to exceed more than ONE additional attempt. A counselor recommendation is required along with the final approval of the Dean of Counseling and Matriculation. This permission will be granted if special circumstances are deemed to have existed to justify another attempt. The Allan Hancock Community College District cannot claim state funding for courses attempted more than three times.

Title 5, Sections 55024, 58004, and 58161 of the California code of regulations require students to earn a grade, other than a W, if permitted to exceed allowable course attempts. Therefore, if the petition is approved, and the student enrolls, a grade must be issued at the end of the term – students may not withdraw from classes in which they have been given permission to exceed allowable repetition.

Upon successful completion of the course, only the first two substandard grades will be alleviated from the grade point average (GPA). All substandard grades will remain on the student’s permanent record, ensuring a true and complete academic history. Federal financial aid regulations do not alleviate units or grade points removed through academic renewal or course repetition.

Procedure:
1. Complete the form and meet with a counselor for a recommendation.
   Submit completed form to the office of the Dean, Counseling and Matriculation by the scheduled deadline. (Refer to the counseling website under “Important Dates”.)
2. Notification: Students will be notified of the decision via AHC e-mail account by the office of the Dean of Student Services/Counseling and Matriculation. The review process takes up to 5 working days.
3. Clearance: If approved, student will be cleared to register.

TO BE COMPLETED BY THE STUDENT (please print using blue or black ink):

_________________________________________________________________________
Name
_________________________________________________________________________
AHC Student Identification Number
_________________________________________________________________________
AHC E-mail Account @my.hancockcollege.edu

_________________________________________________________________________
Course Name (i.e. ENGL 101) Enrollment Semester

Previous Semesters Attempted with Grade and/or Withdrawal (if there have been more than 3 attempts, repetition has already been maximized and repetition cannot be granted at AHC):

_________________________________________________________________________
Semester/Grade
_________________________________________________________________________
Semester/Grade
_________________________________________________________________________
Semester/Grade
_________________________________________________________________________
Semester/Grade

Please state in detail the unusual circumstances to substantiate your request to attempt the course an additional time by answering the following questions (attach a separate sheet of paper, if necessary):

1. Please list the extenuating circumstances which justify an additional attempt.

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Form Continues
Student Name: ___________________________  AHC Student ID#: H ___________________________

2. **What have you specifically done or plan to do to ensure your success this time?**

_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

By signing below, the student understands that if approval is granted to repeat the course listed on this petition, the student may **not withdraw** and must earn a grade at the end of the semester in which they have enrolled. If the student receives an additional non-passing grade, all grades and units will be counted in the final grade point average.

Student Signature ___________________________ Date __________

TO BE COMPLETED BY AN AHC COUNSELOR:

1. Please attach a copy of the student’s profile with a copy of their student education plan (SEP) listing this course as a requirement.
2. Mark the reason for the additional attempt:
   - [ ] This course is a major requirement and/or prerequisite for the student’s associate degree/certificate.
   - [ ] This course is a math and/or English requirement.
   - [ ] This course is a major requirement to transfer.
   - [ ] Other: ___________________________

☐ Recommend  ☐ Not Recommend

Comments:
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

Counselor Printed Name and Signature ___________________________ Date __________

TO BE COMPLETED BY THE DEAN OF STUDENT SERVICES/ COUNSELING AND MATRICULATION, or designee:

☐ Approved  ☐ Denied

Comments:
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

Signature, Dean of Student Services/ Counseling and Matriculation or designee ___________________________ Date __________

FOR OFFICE USE ONLY:  Date Appeal Entered ___________________________  Initials ___________________________

10/2014  Date Record Updated ___________________________  Initials ___________________________