

## REPEAT COURSE APPEAL FORM

The Colorado Community College System [Education Services Procedure 4-87](#) establishes repeat limits for certain courses. An appeal must be submitted to Academic Advising to repeat a course more than the allowable number of times.

### **Repeat Course Appeal Guidelines**

- If a student has taken a course twice or more and attempts to register for the course an additional time, the student will not be able to register for that particular course until an action plan (Repeat Course Appeal) is created and approval granted by the college appointed staff member.
- Repeat Course Appeals must be submitted each semester for which a repeat is being requested
- Incomplete Appeals forms will not be considered
- Appeals that are denied can be appealed to the Dean of Student Services

### **Appeal Instructions:**

- Identify all information requested about the course(s) you wish to repeat below
- Attach a current DegreeCheck program audit (accessible via myACC)
- Complete a course selection plan in DegreeCheck through graduation and save plan. (See "Plans" tab)
- Personal Statement: answer the questions on the back of this form, or attach a separate page if more room is required.
- Meet with an Academic Advisor to review Appeal.

A final decision regarding the Repeat Course Appeal will be made by the Director of Advising, who will send a notification of the decision to the student's email account.

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Phone \_\_\_\_\_ Declared Major/Program: \_\_\_\_\_

Graduation Semester/Year: \_\_\_\_\_ Credits Remaining to Complete Major/Program: \_\_\_\_\_

### **List the course(s) to be repeated:**

SEMESTER: [ ] Summer [ ] Fall [ ] Spring			YEAR: _____	
CRN:	Course Title:	Section:	Previous Semester(s) Attempted:	Previous Final Grade(s):

I have met with an Academic Advisor and developed the above academic plan, which includes course(s) that I am requesting to repeat. By signing this form, I understand the following:

- I will abide by all course drop and withdrawal dates
- I may not use an approved Repeat Course Appeal as justification for any late drop or late withdrawal request

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Staff Use Only:**

**Advisor Recommendation:** [ ] Recommended [ ] Not Recommended [ ] No Recommendation

Academic Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

**Repeat Course Appeal Director Decision:** [ ] Denied [ ] Approved (SPASRPO; effective term \_\_\_\_\_)

Director of Advising: \_\_\_\_\_ Date: \_\_\_\_\_

**Answer each question below thoroughly and completely, or attach a separate document answering each question.**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Have you met with an Academic Advisor in the past prior to registering? [ ] Yes [ ] No

Have you taken the Accuplacer Placement Test? [ ] Yes [ ] No

Will you be receiving Financial Aid for the upcoming semester(s) [ ] Yes [ ] No

A. Why are you requesting permission to repeat this course(s)?

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B. How will repeating this course help to achieve degree/certificate completion?

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C. Describe your work and family responsibilities and how you will balance on-campus and off-campus responsibilities in order to successfully complete the course(s) listed on page 1:

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D. If your request is approved, what actions do you intend to take to be successful in this course(s)?

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