



Chaffey College

DISABILITY PROGRAMS AND SERVICE

COURSE REPETITION REQUEST FORM

Student name _____ Date _____

Course Requested _____ Semester _____

Number of Repetitions Prior to This Semester _____

Students with a verified disability have the right to apply for additional repetitions of a class beyond the limit stated in the catalog (Title 5, Sections 56029 and 58161). The college has authorized this process for requesting additional repetitions in order to provide an accommodation for a student's disability-related needs pursuant to state and federal non-discrimination laws. To be eligible for additional repetitions, at least one of the following circumstances must apply:

The repetition of the class listed above is essential to:

<input type="checkbox"/>	my continuing success in other general and/or special classes.
<input type="checkbox"/>	completing my preparation for enrollment in other regular or special classes.
<input type="checkbox"/>	the achievement of the educational goals as stated in my Student Educ. Contract.

Student Signature _____

The DPS resource specialist has reviewed this petition and taken the following action:

The repetition request is:

<input type="checkbox"/>	Approved
<input type="checkbox"/>	Not approved because:

Signature of Resource Specialist _____ Date _____