

SPECIAL CLASS REPEAT PETITION

San Joaquin Delta College

For	office	use	only:	
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		98-	
Last Name	First Name	Delta ID#	
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 co	ompleting this petition:		
		Il multiple times in classes designated as "special 56029. The grade and credit for repeated courses shall	
A student may petition the Director of Adm times based on an individualized determina		l class for students with disabilities any number of disability-related provided that:	
A. Continuing success of the student a special class.	in other general and/or special classes	s is dependent on additional repetitions of a specific	
B. When additional repetitions of a spotther regular or special classes.	pecific special class are essential to co	ompleting a student's preparation for enrollment into	
	ucational contract which involves a go rse will further achievement of that go	al other than completion of the special class in al.	
☐ I have met with a DSPS College Counse regarding course repetitions.	elor to develop a Student Education Co	ntract and understand the limitations and requirements	
Student's Signature		Date	
Instructor's Signature		Date	
**********	*******College DSPS Counselor Onl	y*************************************	
☐ I am recommending the student's petition	on be granted based on the criteria note	d above.	
DSPS Counselor's Signature:		Date	
**********	***Director of Admissions & Record	ls Only*************************	
☐ Granted ☐ Denied			
Director of Admissions & Records Signature	ure	Date	