

COURSE REPEAT NOTIFICATION

SACRAMENTO CITY COLLEGE
ADMISSIONS AND RECORDS OFFICE

Student Name: _____

Student ID: _____

Email: _____

Phone: _____

*This form is used when you have repeated or are repeating a course in which you received a substandard grade. (D, F, NC)
Repetition of Course (Sections 55761-55763 Title V, LRCCD Reg. 7552, Section 4)*

COURSE TO BE DISCOUNTED:

Course Name: _____ College Attended: _____ Semester and Year: _____

REPEATED COURSE:

Course Name: _____ College Attended: _____ Semester and Year: _____

Student Signature:

Date: