Yuba College

Repeat Course
THIRD ATTEMPT APPROVAL FORM

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK:

DATE	YUBA COLLEGE ID#	
FIRST NAME/LAST NAME	EMAIL ADDRESS	
COURSE REQUESTED	TERM ☐FALL ☐SPRING ☐SUMMER	YEAR
Previous terms course taken: TERM/YEAR	Previous terms course taken: TERM/YEAR	

By signing below, I acknowledge all the following:

- ☐ I received a "D", "F"," W", "NC", or "NP" in my previous 2 attempts of this course and am requesting to take this course a 3rd time.
- ☐ I understand this is my final attempt and I will not be will be able to take the class again within Yuba Community College District (All Campuses).
- ☐ I understand it is recommended that I access resources to ensure that I am successful in my final attempt; such as tutoring, counseling, meeting with professor during assigned office hours, and studying at least two hours for every one hour of class.

Comments:_____

_____

Student

After meeting with a counselor:

Submit this completed form and add slip to Admissions and Records at time of enrollment.

_____ __ __/__ __/__ __ _____ __ __/__ __/__ __

Student's Signature Date Counselor's Signature Date

Admissions and Records Office Use Only:

Processed by: _____ Date: __ __/__ __/__ __