

## **Petition to Repeat**

	FALL 20
	SPRING 20
$\Box$	SUMMER 20_

## **Enrollment Services Department Phone: (951) 465-7887**

e-Document Submission: <a href="https://msjc.edu/hub/">https://msjc.edu/hub/</a>

STUDENT INFORMATION		
Name:	_ Student ID#:	
Email:	Phone #:	
COURSE INFORMATION		
Course Requesting to Repeat (One course per petition):  Repetition and Withdrawal Policy   Mt. San Jacinto College (msjc.edu)  Reason for Request (Attach supportive documentation, if applicable)	e):	
Student Signature	Date	
WORK IN PROGRESS (IF APPLICABLE)		
Instructor to complete if the student is currently enrolled in the cours  Course#:  Section#:  Estimated Grade:	se requested to repeat.	
 Instructor Signature	Date	