



Petition for Academic Renewal with Course Repetition

Student Name: _____ Student ID#: _____
(Last) (First)

Phone: _____ E-Mail: _____

I understand that any academic work alleviated through Academic Renewal does not remove substandard grades from my transcript. I am aware that grades are noted and subtracted from the grade point average (GPA) and that all grades will remain legible, maintaining a true and complete record. I acknowledge that any alleviated coursework may not be treated similarly by other educational institutions outside of the Rancho Santiago Community College District (RSCCD.)

*I confirm that all of the information I have presented below is true and accurate.
I understand that all decisions are final.*

Student Signature: _____ Date: _____

Step 1: Please indicate which Santiago Canyon College and/or Santa Ana College courses you would like considered for Academic Renewal:
Please note, only units taken at Santiago Canyon College and Santa Ana College may be considered for Academic Renewal, not units taken at any other institution(s). Only substandard grades (D, F, or NP) may be considered for Academic Renewal and no more than two substandard grades for the same course may be alleviated and excluded from the G.P.A (as per Title 5.)

	Course Name & Number	Units	Grade	Semester/Year	College
1.					<input type="checkbox"/> SCC <input type="checkbox"/> SAC
2.					<input type="checkbox"/> SCC <input type="checkbox"/> SAC
3.					<input type="checkbox"/> SCC <input type="checkbox"/> SAC
4.					<input type="checkbox"/> SCC <input type="checkbox"/> SAC
5.					<input type="checkbox"/> SCC <input type="checkbox"/> SAC

Step 2: Please provide course information below for the courses that have been re-taken at another institution:
Please note, official transcripts showing the final grade for the course indicated below must be submitted along with this petition or must have been previously submitted. Please provide the course information in the row below that corresponds with the row above.

	Course Name & Number	Units	Grade	Semester/Year	University/College	Transcripts Submitted
1.						
2.						
3.						
4.						
5.						

FOR OFFICE USE UPON RECEIPT

Received By (Staff Initials): _____ Date Received: _____

FOR OFFICE USE UPON REVIEW

Approved Denied | Record Updated (if applicable) | Student notified | Staff Initials: _____ Date: _____