

NAME: _____ **STUDENT ID:** _____
ADDRESS: _____ **PHONE:** _____
CITY, STATE, ZIP: _____ **EMAIL:** _____

REPLACEMENT CONSIDERED FOR REPEATS OF D, F, or NC/NP GRADES ONLY

Replacement courses taken at other Institutions **REQUIRE** that an **OFFICIAL TRANSCRIPT** be attached.

A copy of this petition will be sent to you once a determination has been made and action taken. Replacement classes must be identical in scope and in number of units as the class that earned the D, F, NC or NP at Fresno City College.

This petition is for classes at **Fresno City College ONLY**. Please contact the campus that sponsored the class if the class was taken from Reedley College, Clovis Community College, or the North Centers.

FCC COURSE: _____ **SEMESTER:** _____

GRADE: _____ **UNITS:** _____

Office Use Only

Replacement Approved? _____ Disapproved? _____

Office Remarks: _____

Please replace the former grade with this course from:

THEIR COURSE: _____ **SEMESTER:** _____

GRADE: _____ **UNITS:** _____

FCC COURSE: _____ **SEMESTER:** _____

GRADE: _____ **UNITS:** _____

Office Use Only

Replacement Approved? _____ Disapproved? _____

Office Remarks: _____

Please replace the former grade with this course from:

THEIR COURSE: _____ **SEMESTER:** _____

GRADE: _____ **UNITS:** _____

I understand that this policy at SCCCD does not guarantee comparable action by other colleges or universities.

STUDENT SIGNATURE: _____ **DATE:** _____

↓ FOR OFFICE USE ONLY ↓

Date Received: _____ **Received by:** _____ **Official Transcripts Attached: Yes** _____ **No** _____

ASC Designee Remarks: _____

Academic Standards Committee Designee: _____ Date: _____

Date Processed: _____ **By:** _____ **Copy to Student:** _____ **By:** _____