IMPERIAL VALLEY COLLEGE
Office of Admissions and Records

REQUEST TO REPEAT COURSE
DUE TO LEGALLY MANDATED TRAINING REQUIREMENT

Instructions: Please complete this form in full and submit it to the Admissions and Records Office in Building 10. You should do so as soon as your priority date for registration is in effect. **This form and documentation must be received and registration completed before the deadline to register.**

Because you have taken the course before and earned a grade of C or higher, you will not be able to register for it until this form is completed, submitted, and a permit input into the computer by a staff member. After the permit is input, you will be able to register using WebSTAR on or after the date and time of your priority assignment. Submission of this form does not guarantee enrollment; filled-class policies and current prerequisite requirements apply.

<u>NOTE</u>: You are now required to provide documentation verifying the following requirements: the course is required by statute or regulation as a condition of employment, AND you are employed or actively seeking to be employed for a paid or volunteer job for which the course is required. Please attach documentation to this petition.

Student ID # <u>GOO</u>_____   **Date**_____

Name_____   **Home phone**_____
     Last, First, Middle

Address_____   **Work phone**_____
     Street or PO Box #

_____   **Cell phone**_____
     City, State, Zip

The following courses may be repeated due to legally mandated training requirements. Check the course you are wishing to repeat:

☐ AJ 141, Arrest and Firearms   ☐ AHP 060, Health Assistant

☐ HE 102, Health Education   ☐ AHP 062, Home Health Aide

☐ EMT/FIRE 105, Emerg. Medical Tech I   ☐ EMT/FIRE 107, Emerg. Med. Tech I Refresher
   (if EMT I certification has not been held in the past 4 years)

Term you wish to take the course: ☐ Fall   ☐ Winter   ☐ Spring   ☐ Summer

I the undersigned do hereby declare that I need to repeat this course for a legally mandated training requirement as a condition of continued paid or volunteer employment.

Student's signature_____   **Date submitted**_____

Office Use Only

Date received_____   Permit input in SFASRPO & student informed by_____

5/9/14