



COMMUNITY COLLEGE
OF RHODE ISLAND
Records Department

Transfer Replacement Course Policy

Procedure:

Any student wishing to replace a pre-requisite transfer course for a PBHS program must petition to do so by following the steps below:

1. Complete the **Repeat Course Request Form** and accurately describe why a course replacement is requested.
2. Schedule an appointment with the appropriate PBHS Department Chairperson (i.e. Nursing, Dental Hygiene, XRAY, etc.) to discuss and secure approval or denial of request.
3. The Department Chairperson will send the approved or denied Repeat Course Request Form to the Records Department at the Flanagan Campus (Lincoln) for processing.

Appeal Procedure:

Students being denied approval have the right to appeal the decision through the Academic Appeals Committee:

1. Meet with Advising and Counseling for assistance in preparing your academic appeal request.
2. Request is sent by the Advisor to the Appeals Committee for final decision.

**COMMUNITY COLLEGE OF RHODE ISLAND
REPEAT COURSE REQUEST FORM**

**INDICATE
times
enrolled in
course ____**

Student to Complete: Student I.D.number _____

Part I

Name _____

Telephone _____
Home Cell Work

CCRI email _____

Program of study _____ Campus attending _____

Part II:

Specify request (course number and title) _____

Student Narrative (Explain why request is being made.):

(If more space is needed, attach additional sheet.)

Student signature _____ **Date** _____

**Submit form to department chairperson or program director for consideration.
Department chairperson, program director or instructor to complete page 2.**



Department chairperson, program director or instructor:**Repeat course request status/decision (Check one.):**

- Approved (no intervention necessary)
 Approved (with intervention)
 Denied (until intervention completed)
 Denied

If you checked “**approved with intervention**” or “**denied until intervention is completed,**” please complete Section 1 and Section 2 below and sign at the bottom of form:

Section 1:

Student must successfully complete the following course(s) before they can retake the requested course.

_____	_____	_____
Subject code	Course number	Course name
_____	_____	_____
Subject code	Course number	Course name

No additional coursework is necessary.

Section 2:

Student must utilize the following service(s) and/or make improvement in the following area(s):

Seek help from:

- Tutoring
 English Writing Center
 Student Success Center
 Advising and Counseling
 Faculty office hours for support

Improve:

- Class attendance/participation
 Punctuality
 Time management/organizational skills
 Completion of assignments

Additional recommendations _____

Section 3: If you checked “denied”, please complete below:

Reason for denial _____

Signature _____ Date: _____

PLEASE NOTE:

- Department chairperson should retain a copy of the form for the office files.
- Student should retain a copy and submit to department chairperson following intervention.