



## THIRD ATTEMPT FORM

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK:

Student's Last Name \_\_\_\_\_ Student's First Name \_\_\_\_\_ MI \_\_\_\_\_ Student ID # \_\_\_\_\_

Course (s) Requested \_\_\_\_\_ Term \_\_\_\_\_

Previous terms course taken: \_\_\_\_\_  
Term Term

By signing below, I acknowledge all the following:

- I received a "D", "F", "W", "NC", or "NP" in my previous 2 attempts of this course and am requesting to take this course a 3<sup>rd</sup> time.
- I understand this is my final attempt and I will not be able to take the class again within Yuba Community College District (All Campuses).
- I understand it is recommended that I access resources to ensure that I am successful in my final attempt; such as tutoring, counseling, meeting with professor during assigned office hours, and studying at least two hours for every one hour of class.

Comments: \_\_\_\_\_

***After meeting with a counselor, the student must submit this completed form and add slip to Admissions and Records at time of enrollment.***

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Student's Signature                          Date                          Counselor's Signature                          Date

Admissions and Records Office Use Only:  
 Processed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_