

## THIRD ATTEMPT FORM

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK: Student's Last Name Student's First Name Student ID# MI 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. Counselor's Signature Student's Signature Admissions and Records Office Use Only: Processed by: Date: \_\_\_/\_\_\_