Course Repetition Request

This form reflects Title 5 section 55040 regulation; effective summer 2012.
*Student is to provide a copy of **unofficial** transcripts when obtaining a counselor's approval.*

Last Name **First Name** **Middle Name**

_____/_____ SAC ☐ SCC ☐

Student ID # **Phone #**

Course to Repeat:

Art 197A-3D Animation Fundamentals #12560 fall 2015

Course Number **Course Name** **Term & Year**

Justification: Letter of recommendation to repeat:

In keeping with new entertainment/arts standards,
Art197A 3D Animation has been significantly rewritten as of fall 2015.
Therefore, it is my recommended that aforementioned student retake
this course so that they can gain the skills required in order to qualify
for entry-level jobs in the entertainment arts as a 3d digital artist/animator.

Patricia Waterman
Professor of Art-3D Modeling & Animation Certificate Program

Signed: Patricia Waterman Date: 08-08-2015

Student Signature Date

This form must be submitted in person at the Registration Area in order to be registered for the course.

I have reviewed student's transcript and either approve or deny registration for this course as indicated below:

☐ **Approved** ☐ **Denied**

Counselor's Signature Date

Comments:

_____

_____

_____

Admissions Office Use Only

Accepted by: _____ Date: _____

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