

PLEASE PRINT

GENERAL PETITION

Name: _____
Last First Middle

Address: _____
Number Street

_____ City State Zip Code

Student I.D. OR (SSN) _____ - _____ - _____

Telephone: _____
Home Work

E mail address: _____

Office Use Only

Date Received

Approved

Denied

By _____

Date of Action

Date Recorded

Reason for Petition

Course Repetition

Course Substitution

Course Waiver

Other

YEAR AND QUARTER(S) AFFECTED BY PETITION: _____

INSTRUCTIONS:

1. **Complete petition.** Make sure you fully describe the reason for your request. Counselors are available in the Counseling Office to help you complete this form.
2. **Specify classes that are affected.** List course ID number, course name, quarter and instructor, (e.g., Math 1A-02, Calculus, Spring 1999, Jones).
3. **Provide all background information** necessary and reasons for your request, including supporting documentation provided by physician or employer or other appropriate person(s).
4. **Obtain supporting signature.** See reverse side of this form.
5. **Submit** completed petition to Admissions and Records office.
6. You will be **notified in the mail or via email** whether your petition was approved or denied. Petition results are not discussed via telephone.

Note: Petitions are regularly reviewed by the Admission Staff. You may request an appeal, which must be accompanied by additional information documentation. Make an appointment in the Admissions and Records Office.

THIS IS NOT THE CORRECT FORM FOR CHANGE OF GRADE.

Please consult instructor. Only the instructor may change a grade of record by submitting a change of grade form.

REQUIRED INFORMATION: I am petitioning to (use reverse side if necessary):

Student Signature

Date

REQUIRED INFORMATION: I am petitioning to (continued):

SUPPORTING SIGNATURES REQUIRED

Recommended Not Recommended _____
Instructor's Signature Date

Recommended Not Recommended _____
Division Dean's Signature Date

(OPTIONAL, To Support Request) _____
Department Date

(OPTIONAL, Advisory) _____ / _____
Counselor's or Advisor's Signature / PRINT NAME Date

Please state the reason for your recommendation:
