

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

