GENERAL PETITION

Name: ____________________________________________________________
   Last   First   Middle

Address: ___________________________________________________________
   Number   Street

   City   State   Zip Code

Student I.D. OR (SSN) _________ - _______ - ___________

Telephone: __________________  ___________________
   Home   Work

E mail address: _____________________________________

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

Revised 5/00
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:

__________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________