PETITION FOR EXCEPTIONS TO REGISTRATION POLICIES

Name: ___________________________ ID: ___________________________

Last    First

EMAIL ADDRESS: ___________________________________________

Student Signature Date __________________

CHECK IF YOU ARE:

Receiving Veterans’ Benefits ____, Receiving Financial Aid ____, or an F1 Student ____ *

PETITION INSTRUCTIONS:

Incomplete petitions will be denied. Please write clearly and concisely.

1. **Petitions must include all necessary information including:** course ID number, course name, quarter and year, recommendations of instructor and reason for the petition.

2. **Late Adds/Drops** must have instructor verification of first and/or last date attended and signature. It is still the student’s responsibility to complete the add/drop/withdrawal process.

Petition results are not discussed via telephone. You will be contacted by email.

*Some petitions will be denied in compliance with federal or other regulations related to enrollment status, funding, or benefits receipt.

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**INSTRUCTOR VERIFICATION**

(Add/Drop Only)

____________ Date FIRST attended class

____________ Date LAST attended class

Comments ____________________________________________

Instructor Signature Date __________________

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**FOR OFFICE USE ONLY**

Approved Denied Other

By: __________________ Date: __________________

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Use reverse side for explanation. Attach a separate sheet if necessary.

Revised 07/30/2009
TIME CONFLICT

CLASS INFORMATION / CURRENTLY REGISTERED CLASS (Complete all lines):

Class: ___________________________ Please circle days M T W TH F S

Instructor’s Name _____________________________

Lecture/ Time _________ to__________ Lab/ Time _________ to__________

Instructor’s Signature _____________________________

COURSE WITH CONFLICT AND TIME(S) BEING MISSED (Complete all lines):

Class: ___________________________ Please circle days M T W TH F S

Instructor’s Name _____________________________

Lecture/ Time _________ to__________ Lab/ Time _________ to__________

Total time missed weekly __________________________
Total time missed daily __________________________
(Not to exceed 10 minutes daily)

PLEASE LIST THE SPECIFIC DATES AND TIMES WHEN MISSED CLASS TIME WILL BE MADE UP (Form will not be accepted without this information):

Date(s): ___________________________ Time(s): ___________________________

INSTRUCTOR’S SIGNATURE _____________________________

INSTRUCTORS PLEASE NOTE: YOUR SIGNATURE VERIFIES THE ABOVE INFORMATION AND THAT YOU WILL BE PRESENT DURING LISTED MAKE UP TIMES. INSTRUCTORS MUST BE PRESENT DURING MAKE UP TIMES.