



Student Petition

FOR OFFICE USE ONLY
Rec'd By: _____
Date: _____

Submit completed form to the Admissions & Records Office

Name:		
Last	First	M.I.
Address:		
Street		
City	State	Zip

College I.D. Number:
E Mail Address:
Telephone:

PLEASE LIST ALL COURSES RELATED TO THIS PETITION.

Semester / Year	Course Name (eg: Engl 1A)	Section # (eg: 94321)

FOR THE COURSES LISTED ABOVE, I AM REQUESTING THE FOLLOWING:

	For Office Use Only
<input type="checkbox"/> Refund/Fees Waived Supporting documentation required after 20% of class meetings.	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
<input type="checkbox"/> Drop Without "W" Supporting documentation required after 30% of class meetings.	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
<input type="checkbox"/> Course Repetition Counselor comments and signature required. Attach unofficial transcript.	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
<input type="checkbox"/> Academic Renewal Counselor comments and signature required.	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
<input type="checkbox"/> Drop With "W" Supporting documentation required after 75% of class meetings.	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
<input type="checkbox"/> Other Please specify/ Counselor comments and signature required.	Approved <input type="checkbox"/> Denied <input type="checkbox"/>

Student's justification for request: (Please use a separate sheet, if necessary)

Student Signature: _____ Date: _____

Counselor Comments (Required for Course Repetition, Academic Renewal, and other)

Counselor Signature: _____ Date: _____

DEAR STUDENT: Please review enclosed document and read comment(s) # <input type="text"/>

Student Petition Committee Chair's Signature: _____ Date: _____