



# Student Petition

**FOR OFFICE USE ONLY**  
 Rec'd By: \_\_\_\_\_  
 Date: \_\_\_\_\_

Submit completed form to the Admissions & Records Office: [MC.StudentPetitions@missioncollege.edu](mailto:MC.StudentPetitions@missioncollege.edu)

**Name:**

Last First M.I.

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**Address:**

Street

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City State Zip

**Mission College ID #:**

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**Email Address:**

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**Telephone:**

**PLEASE LIST ALL COURSES RELATED TO THIS PETITION. REQUESTS FOR A CHANGE OF GRADE MUST BE SENT TO THE INSTRUCTOR.**

Semester / Year	Course Name (eg: ENG 1A)	5- DIGIT CRN (e.g., 94321)

**I AM CURRENTLY RECEIVING FINANCIAL AID AND UNDERSTAND THAT CHANGES TO MY RECORD MAY REQUIRE REPAYMENT OF FUNDS I HAVE RECEIVED.** (Please contact the Financial Aid office if you have any questions.)

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

**Drop Without "W" with Refund** Supporting documentation required after 20% of class meetings. Supporting documentation required.

**Drop With "W" with No Refund** Supporting documentation required after 75% of class meetings.

**Course Repetition (4th attempt time)** Counselor rationale required including revised CEP). Supporting documentation required.

**Course Repetition (Passing Grade received)** Counselor rationale and Supporting documentation required.

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Counselor Rationale** (Required for all requests except Fees Waived.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Transcripts have been reviewed and attached.

**Counselor Name** (please print) \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:**

\_\_\_\_\_

\_\_\_\_\_

**Student Petition Committee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_