



Date: \_\_\_\_\_

### PETITION FORM

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apt. #)

\_\_\_\_\_  
(City) (State) (Zip Code)

Phone: (\_\_\_\_) \_\_\_\_\_ Major: \_\_\_\_\_

Please check the one that applies:  AAS Degree  Diploma  Certificate

I request the following exception(s) to college policy:

(Please explain your request in detail, including the course name, number, and credit amount.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason, justification, extenuating circumstances:

(Please attach any necessary supporting documents)  
(i.e.: doctor's statement, course registration form, official publications, course syllabi, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

**PLEASE ROUTE IN ORDER TO:** (Petition will not be accepted unless all signatures are obtained)

1) Advisor: \_\_\_\_\_ Date: \_\_\_\_\_ 3) Counselor: \_\_\_\_\_ Date: \_\_\_\_\_  
2) Dean: \_\_\_\_\_ Date: \_\_\_\_\_ 4) Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

**- FOR OFFICE USE ONLY -**

Approved  Not Approved  Approved with conditions (explained below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_