

IMPORTANT! All information must be completed and any documentation attached prior to review by the Director of Admissions & Records. Incomplete petitions will not be considered.

Name				Student ID#
Address	Last	First	Middle	Dhono
Auuress	Mailing address			Phone
	City	State	Zip Code	Email
Purpose:	☐ Late Drop (drop with		ate Withdrawal ("W" gr	ade/no refund)
Course #		Section	Title	
Quarter		Year	Instructor	
and attach	additional documentation	to support your petiti	on. Documentation	ailed information. Please state the reason below of extenuating circumstances military orders) is required for approval.
Are you currently receiving financial aid? Yes* No *If yes, financial aid signature is required, as this petition may affect your financial aid award.				
Financial Aid Staff Signature: Date:				
Student:	t is your responsibility		-	
Circle data of	Constants in slagg.		D OUT BY INSTRUCT	
First date of attendance in class:			Date	
Last date of attendance in class: Month			Date er attended (no show)	Year
Comments:			,	
Comments.	-			
Instructor Signature:				Date:
Student Signature:			Date:	
		OFFI	CIAL USE ONLY	
Date:		roved Denied	Director of A&R Signatur	re:
			·	
Ok to refund	l? ☐ Yes ☐ No			