



# Student Petition

**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#** \_\_\_\_\_  
Last First Middle

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_  
Mailing address  
City State Zip Code **Email** \_\_\_\_\_

**Purpose of this petition:**  *Late Drop (drop with no record)*  *Late Withdrawal ("W" grade/no refund)*  *Late Refund*

**Course #** \_\_\_\_\_ **Section** \_\_\_\_\_ **Title** \_\_\_\_\_

**Quarter** \_\_\_\_\_ **Year** \_\_\_\_\_ **Instructor** \_\_\_\_\_

**Reason for request:** Your petition is more likely to be approved if you provide detailed information. Please state the reason below and attach additional documentation to support your petition. **Documentation of extenuating circumstances beyond the control of the student (i.e. medical documentation, employer letter, 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: \_\_\_\_\_

Comments: \_\_\_\_\_

**Student: It is your responsibility to have the instructor complete the following information.**

**TO BE FILLED OUT BY INSTRUCTOR**

First date of attendance in class: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

Last date of attendance in class: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

Student never attended (no show)

Comments: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**OFFICIAL USE ONLY**

Date: \_\_\_\_\_  Approved  Denied Director of A&R Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

Ok to refund?  Yes  No