



SAN DIEGO COMMUNITY COLLEGE DISTRICT STUDENT PETITION

- City
- Mesa
- Miramar

(Please Type or Print)

Name _____ Student ID # _____
 Previous Name(s) _____
 Address _____
Number Street City State Zip
 Phone (Day) _____ (Evening) _____
 Major _____ Specialization _____
 Are you receiving Veterans Benefits Yes No Financial Aid Yes No

Purpose of Petition
 Extension of Time to Remove Incomplete Grade Late Withdrawal Semester _____ CRN _____
 Course Substitution/Waiver of Catalog Requirement Waive Foreign Transcript
 Other _____

Provide a detailed explanation of your request, attach additional sheets if necessary. Attach supporting documentation.

 Student's Signature _____ Date _____

Official Use Only

Counselor/Instructor Recommendation _____
 Signature _____ Date _____

Department Chair Recommendation _____
 Signature _____ Date _____

Dean's Recommendation _____
 Signature _____ Date _____

Committee Action: Approved Denied
 Reason(s) _____
 Committee Chair Signature _____ Date _____

Records:
 Recorded by _____ Date _____