CYPRESS COLLEGE

CAMPUS PETITIONS COMMITTEE FORM

Name ____________________________
(Print) Last ___________ First ___________ Middle ___________

Address ______________________________________________________

City ________________ Zip __________

Phone ( ) __________ Work ( ) __________

Date of Submission ____________________________________________

Permanent Student Number __________________________

PETITION TO:

_____ Add a Class
_____ Appeal a grade
_____ Appeal a Test or Paper
_____ Carry Excess Units
_____ Challenge a Course
_____ Defer Tuition
_____ Obtain Academic Renewal
_____ Remove Probation
_____ Repeat a Course
_____ Review Discipline Problem
_____ Review Violation of Honor Code
_____ Re-instatement in Program
_____ Other

EXPLANATION: State your problem completely, giving all background information necessary for your request. Be sure to submit information if you spoke to the instructor and/or Division Dean about this problem. Petitions with insufficient information will NOT be considered. Use the space provided below and the reverse side, if needed, to explain the details. It is recommended that you consult with your counselor prior to submitting your petition.

FOR OFFICE USE ONLY

Petition Accepted by: __________________________

Case previously reviewed by: __________________________________________

Action Recommended by Committee: __________________________

Date __________ By: __________

Date Petitioner Notified: __________________________
Date Administrator/ Counselor Notified: __________________________