



Petition for EXCEPTIONAL ACTION

PLEASE PRINT LEGIBLY (USE BLACK OR BLUE INK ONLY):

Date: _____ Mt. SAC ID#: _____
 Name: _____ Phone: _____
 Address: _____ Email: _____
 City: _____ Zip: _____

I am appealing for special consideration due to an extenuating circumstance (check one):

Please note: *Extenuating circumstances are situations beyond the control of the student. Documentation is required.

A. **REPEAT A COURSE PREVIOUSLY PASSED, IF APPROVED INDICATE TERM THE COURSE WILL BE TAKEN:**
 Winter 20____ Spring 20____ Summer 20____ Fall ____
 • According to Mt. SAC policy, courses in which a grade of "C" or higher was earned may be repeated only if extenuating circumstances* exist.
 • I understand that my GPA will not be improved by repeating this class. Please see the College catalog for further information.

Course #: Course Title:

Extenuating circumstance:
 (Use separate page if needed.)

B. **LATE ADD**

Course #: Course Title:

Explanation (required):

C. **OTHER REQUEST:** (use separate page if needed)

Explanation (required):

D. Student Signature: Date:

Office use only:

Referred to:

Recommendation:

Signature: Date:

After making recommendation, please return form to Admissions and Records.

Decision: Approved Denied No action

Signature: Date:

signature printed name title

Student notified by: phone e-mail mail in person by: Date:

Qualifies for Funding?

YES NO Staff:

Copies: White - Admissions & Records
Yellow - Student

Revised 07/21/15