



Petition for EXCEPTIONAL ACTION

PLEASE PRINT LEGIBLY:

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: _____

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

7/06; 9/06 Instruction Office VB:lp
Student Services Review 9/12/06;
03/18/11