

## **Petition for EXCEPTIONAL ACTION**

PLEASE PRINT LEGIBLY:		
Date:	Mt. SAC ID#	::
Name:	Phone	e:
Address:	Email	l:
City:	Zip	):
	nsideration due to an extenuating circumstand aces are situations <u>beyond</u> the control of the student. Docu	
■ Winter 20 □ • According to Mt. SAC police	REVIOUSLY PASSED, IF APPROVED INDICATE  Spring 20 Summer 20 Fall  y, courses in which a grade of "C" or higher was earned may be repeated will not be improved by repeating this class. Please see the College of Course Title:	ated only if extenuating circumstances* exist.
B.   LATE ADD		
Course #:	Course Title:	
Explanation (required):		
C. OTHER REQUEST: (  Explanation (required):	ise separate page if needed)	
D. Student Signature:		Date:
Office use only:		
Referred to:		
Recommendation:		
Signature:		Date:
	please return form to Admissions and Records.	Date.
Decision:	☐ Denied ☐ No action	
Signature: signature	printed name title	Date:
·	e-mail  in person by:	Date:
Qualifies for Funding?	Copies: White - Admissions & Ro Yellow - Student	ecords 7/06; 9/06 Instruction Office VB:lp Student Services Review 9/12/06;