

PLEASE PRINT. ALLOW 10 WORKING DAYS, FROM DATE RECEIVED, FOR REVIEW PROCESS.

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

MARIN ID # **M** \_\_\_\_\_

MAILING ADDRESS:

\_\_\_\_\_  
NUMBER STREET APARTMENT  
\_\_\_\_\_  
CITY STATE ZIP CODE

DAY PHONE

EMAIL ADDRESS

AREA CODE TELEPHONE NUMBER

I hereby petition to have the following course(s) excluded on my permanent academic record:

	COURSE TO BE EXCLUDED	COURSE SUCCESSFULLY REPEATED*
TITLE		
INSTRUCTOR		
SEMESTER	<input type="checkbox"/> Fall 20__ <input type="checkbox"/> Spring 20__ <input type="checkbox"/> Summer 20__	<input type="checkbox"/> Fall 20__ <input type="checkbox"/> Spring 20__ <input type="checkbox"/> Summer 20__

TITLE		
INSTRUCTOR		
SEMESTER	<input type="checkbox"/> Fall 20__ <input type="checkbox"/> Spring 20__ <input type="checkbox"/> Summer 20__	<input type="checkbox"/> Fall 20__ <input type="checkbox"/> Spring 20__ <input type="checkbox"/> Summer 20__

\*If using courses from another accredited institution, official transcript(s) and course description(s) must be attached to this petition.

I understand that I am petitioning to have the previous grade excluded on my permanent academic record and that the lower grade and units shall not be computed in my GPA or counted toward graduation. I also understand that only grades below "C," "NP," or "NC" can be excluded.

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE.**

DEAN OF ENROLLMENT SERVICES ACTION:  APPROVED  DENIED  PENDING

RECOMMENDATION:

DEPARTMENT CHAIR RECOMMENDATION: Department Chair approval required when using courses from other accredited institutions.  APPROVED  DENIED  PENDING

DEPARTMENT CHAIR NAME: \_\_\_\_\_

DEPARTMENT CHAIR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_