

# **STUDENT PETITION**

Date: \_\_\_\_\_

<b>Semester</b>		
Fall _____	Spring ____	Summer _____

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Social Security# / Student ID#

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Day Phone#

\_\_\_\_\_  
Evening Phone#

**I hereby petition as follows:**

to repeat \_\_\_\_\_ previously taken during the \_\_\_\_\_ at Yuba College or \_\_\_\_\_ with a grade of \_\_\_\_\_.  
(name of other college)

for readmission to Yuba College after academic dismissal.

for academic renewal of the following class(es): \_\_\_\_\_

other (specify): \_\_\_\_\_

**My reasons for making this request are as follows: I have attached supporting documentation (if needed):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(use reverse side of sheet if necessary)

\_\_\_\_\_  
Student's Signature

To be completed by Counselor:	Comments: _____
<input type="checkbox"/> do not recommend	_____
<input type="checkbox"/> recommend	_____
<input type="checkbox"/> strongly recommend	(use reverse side of sheet if necessary)
_____ Counselor's signature	

<b>Action of the College Standards Subcommittee:</b>		Date: _____
<input type="checkbox"/> petition granted	Comments: _____	
<input type="checkbox"/> petition denied	_____	
<input type="checkbox"/> petition postponed	_____	
<input type="checkbox"/> other action	_____	
Dr. David Farrell		

Student notified: _____	Records Office action completed: _____	
Date	Initial	Date
Date	Initial	Date