



Petition for Exception to Academic Regulation

Student Name: _____ **Student ID#:** _____
(Last) (First)

Phone: _____ **E-Mail:** _____

By signing or typing my name below, I am indicating that I understand that by submitting this form, I am NOT guaranteed exception to academic regulation. I confirm that all of the information I have presented below is true and accurate. I understand that all E.A.R. Committee decisions are final. The parties agree that this form may be electronically signed. The parties agree that the electronic signatures appearing on this form are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

Student Signature: _____ **Date:** _____

IMPORTANT: Your petition MUST include the following. **An incomplete petition will not be accepted.**

- Typed letter containing the (a) Reason for Petition and/or (b) Specific Plans for Academic Improvement
- Recent Student Educational Plan (SEP)
- Counselor's Signature (if required)
- Verifying Documentation (doctor's statement, police report, written verification from a program, etc.) (if required)

This petition applies to the following term (check one): Fall 20____ Spring 20____ Summer 20____

This petition is regarding (check one):

- Reinstatement after Academic **OR** Progress Dismissal (**REQUIRED: A Counselor's Signature**)
- Graduation Requirements (**REQUIRED: A Counselor's Signature**)
- Other (Provide a brief explanation of what your petition is regarding. A more thorough explanation should be included in the typed letter included with this petition.):

FOR COUNSELOR UPON REVIEW (IF REQUIRED)

Name (please print): _____ **Signature:** _____

Comments: _____ **Date:** _____

Select which of the following circumstances apply to you (check one):

- I've been making significant academic improvement over the last semester with a GPA of 2.00 or higher and have completed more than 50% of my attempted coursework.
- Due to extenuating circumstances (e.g. verified illness or other circumstance beyond your control.) (**REQUIRED: Verifying documentation**)
- I have a verified disability and applied for an accommodation that I did not receive in a timely manner. (**REQUIRED: Verifying documentation from DSPS**)
- I request special consideration as I am a student in one or more of these programs:
(**REQUIRED: Check all that apply and attach a written verification from each SCC program leader/counselor**)
 CalWORKs EOPS DSPS Veterans TRIO CAMP Foster Youth
- Other (when making this selection you must include a detailed explanation of the specific circumstances that apply to this petition in the typed letter)

FOR OFFICE USE UPON RECEIPT

Typed Letter Student Ed Plan (SEP) Verifying Documentation School Official Signed/Dated Student Signed/Dated

Academic Standing (SACS): _____ For Term: _____ Staff Initials: _____ Date: _____ Receiving FinAid/CCPG?

FOR A&R/E.A.R. USE UPON REVIEW/EVALUATION

GPA: _____ TERM: _____ Cumulative GPA: _____

Committee Review Date: _____ Approved Denied N/A Unit Limit _____ W/ Priority W/O Priority

SACS Updated: _____ SREP Updated: _____ PERC Updated: _____ FWD. to FA LASERFICHE DEGREE AUDIT

Student notified: PHONE EMAIL IN PERSON Date: _____ Notified by (Staff Initials): _____

Comments: _____