COLLEGE OF MARIN

OFFICE OF ADMISSIONS & RECORDS

Petition for Course Exclusion

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

_____ _____ _____
AREA CODE TELEPHONE NUMBER

EMAIL ADDRESS _____

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	❒ Fall 20___ ❒ Spring 20___ ❒ Summer 20___	❒ Fall 20___ ❒ Spring 20___ ❒ Summer 20___

TITLE		
INSTRUCTOR		
SEMESTER	❒ Fall 20___ ❒ Spring 20___ ❒ Summer 20___	❒ Fall 20___ ❒ Spring 20___ ❒ 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 grades and units shall not be computed in my GPA or counted toward graduation. I understand also, that only grades of D, F, FW, NC, or NP 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_____