LOS ANGELES MISSION COLLEGE

Received By *(A&R Date/Initials)*: _____

*LOS ANGELES MISSION COLLEGE—GENERAL PETITION**

Term petitioning for:

Semester _____ **Year** _____

_____
Student's Full Name

_____
Student Identification Number

_____
Birth Date

_____
Today's Date

_____
Phone Number

_____
Student's Signature

Please check the box for the primary reason for your General Petition:

- ☐ Retake course due to Recency/Program requirements
- ☐ Request to change Letter Grade to an EW (1 year deadline)
- ☐ Request for fees to be removed
- ☐ Other:_____

All general petition should give full statement and explanation of the request, the semester year and term, and name of classes. ***Please attach supporting documents or evidence which supports your statement.*** If additional space is required to explain your request, please continue on the back. The response to this petition will be emailed to your student email address.

FOR ADMISSIONS AND RECORDS USE ONLY

COMMENT/REMARKS:

ACTION:

Approved	
Denied	
Returned *(No Action)*	

Processed By/Date: _____

A&R Supervisor/Designee Signature: _____