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.

[redacted]

COMMENT/REMARKS:

ACTION:

Approved	
Denied	
Returned *(No Action)*	

[redacted]