



Petition for Exception to Academic Regulation

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

Phone: _____ E-Mail: _____

*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.*

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 have 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: _____