



CERRITOS COLLEGE EXTENUATING CIRCUMSTANCES PETITION

SECTION I: STUDENT INFORMATION

Name: _____ Student Number: _____
Last First M.I.

Email: _____ Cell Phone: _____

Address: _____
Number Street City Zip

This petition is a formal request for an exception to or waiver of college procedures. This petition, if approved, can affect your obligations as a financial aid, scholarship or loan recipient. Check the box below to assure that a copy of this request is forwarded to **Financial Aid**.

Are you currently receiving Financial Aid? Yes No

Did you receive Financial assistance during the term and semester the petition is applied for? Yes No

SECTION II: IF YOU ARE REFERRING TO A SPECIFIC COURSE (S) AND OR SEMESTER (S) IN YOUR REQUEST, PLEASE LIST:

Semester	Course Title and Number	Class Number	Semester	Course Title and Number	Class Number

CLEARLY STATE YOUR REQUEST AND EXPLAIN THE EXTENUATING CIRCUMSTANCES IN AS MUCH DETAIL AS POSSIBLE. Extenuating Circumstances are verified, documented cases of accidents, illnesses, or other circumstances beyond the control of the student.

Student Signature: _____ Date: _____

I UNDERSTAND AND ACCEPT that by providing my full name in lieu of the electronic signature, I am acknowledging my agreement with the acceptance of these statements.

SECTION III: RECOMMENDATION

(Counselor/Dept. Chair/Division Dean): (Student may obtain comments if needed to support this petition.)

Recommend Approval Recommend Disapproval

Comments: _____

Cerritos College Office Use Only

Staff Initials Accepting Form: _____ Date: _____

Approve Disapprove Copy sent to Financial Aid

Comments: _____

Dean of Enrollment Services: _____ Date: _____