Victor Valley College

PETITION FOR LATE WITHDRAWAL

Student's Name: _____ Date of Request: _____

Address: _____ Student ID # _____

City/State_____ Zip _____ Phone No. _____

Course Title: _____ Section Number _____

Instructor: _____ Semester/Year _____

State below the reason for the petition request, extenuating circumstances, and why it should be granted. NOTE: <u>Documentation must be attached</u>.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

Student Signature Date

<u>Petitions Committee Action:</u>

Approved	**Denied**	**Name**	**Date**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments: _____

_____

Student notified: _____ _____ Office Intake Initial _____

Date Initials