Cabrillo College
Office of Admissions & Records
6500 Soquel Drive
Aptos CA 95003

Petition Form

- ☐ Refund/Fees
- ☐ Refund - Parking Pass/ Bus Pass
- ☐ Academic Renewal
- ☐ Registration Problem
- ☐ Other

RECEIVED BY: _____
(A&R Office Staff or Counselor)

Date: _____

To: **Admissions and Records**

From: **(Name)** _____

(Soc Sec # or I.D. #)_____

(Semester that this problem occurred)_____

(Phone #) _____

(Address) _____

_____

FOR OFFICE USE ONLY

Action Taken:_____

_____

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_____

Date _____ **By** _____

Explanation: State your problem completely **stating the issue and what you want** giving all background information necessary for your request, educational objective, courses affected, and instructors concerned. When you are speaking about a specific course, please include the name of the course, the section number, the semester attended, and name of instructor.

PETITIONS WITH INSUFFICIENT INFORMATION WILL BE DENIED.

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Recommendation of Counselor (Academic Renewal) or to verify information. Counselors: For Academic Renewals – Please Attach Student's Transcript noting courses to be renewed.

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_Revised 5/2004