COLLEGE OF MARIN

OFFICE OF ADMISSIONS & RECORDS

Petition for Course Line Out

PLEASE PRINT. ALLOW 10 WORKING DAYS, FROM DATE RECEIVED, FOR REVIEW PROCESS.

NAME _____
LAST FIRST M.I.

SOCIAL SECURITY # (Student ID) _____

MAILING ADDRESS:

_____
NUMBER STREET

_____ _____ _____
CITY STATE ZIP CODE

DAY PHONE

_____ _____
AREA CODE TELEPHONE NUMBER

EMAIL ADDRESS _____

I hereby petition to have the following course lined out on my permanent academic record:

TITLE OF COURSE TO BE LINED OUT _____

SEMESTER: ❒ FALL 20_____ ❒ SPRING 20_____ ❒ SUMMER 20_____ INSTRUCTOR_____

TITLE OF COURSE SUCCESSFULLY REPEATED_____

SEMESTER: ❒ FALL 20_____ ❒ SPRING 20_____ ❒ SUMMER 20_____ INSTRUCTOR_____

TITLE OF COURSE TO BE LINED OUT _____

SEMESTER: ❒ FALL 20_____ ❒ SPRING 20_____ ❒ SUMMER 20_____ INSTRUCTOR_____

TITLE OF COURSE SUCCESSFULLY REPEATED _____

SEMESTER: ❒ FALL 20_____ ❒ SPRING 20_____ ❒ SUMMER 20_____ INSTRUCTOR_____

I understand that I am petitioning to have the previous grade lined out on my permanent academic record, and that the lower grades and units shall not be computed in my GPA or counted toward graduation. I understand also, that only grades of D, F, or NC can be lined out.

STUDENT"S SIGNATURE _____ DATE _____

DO NOT WRITE BELOW THIS LINE.

ACADEMIC STANDARDS ACTION: ❒ APPROVED ❒ DENIED ❒ PENDING

COMMITTEE RECOMMENDATION: _____

_____

INSTRUCTOR'S
SIGNATURE (Optional) _____ DATE _____