

PLEASE PRINT IN INK ONLY. ALLOW 10 WORKING DAYS FROM DATE RECEIVED FOR REVIEW PROCESS.

STUDENT IDENTIFICATION NUMBER (SOCIAL SECURITY NUMBER) _____

NAME _____
LAST FIRST M.I.

ADDRESS _____
NUMBER STREET

_____ CITY STATE ZIP

PHONE NO. _____

EMAIL ADDRESS _____

BANNER I.D. _____

ADMISSION STATUS (enter appropriate number)

- 1 = Never attended credit classes at any college.
- 2 = Attended another college, but never credit classes at College of Marin.
- 3 = Previously attended credit classes at College of Marin, but attended a different college before applying this semester.
- 4 = Previously attended credit classes at College of Marin, but not last semester.
- 5 = Enrolled in credit classes at College of Marin last semester.
- 6 = Attending HIGH SCHOOL while taking one or more credit classes at College of Marin.

SEMESTER (check one):
 Fall Spring Summer

DATE _____

PLEASE LIST ALL CLASSES YOU INTEND TO TAKE

I hereby petition to be allowed to carry the following program of _____ units:

COURSE	UNITS	REASON FOR INCLUDING IN PROGRAM
TOTAL		

It is necessary for me to carry extra units because _____

Do you do any outside work? No Yes If so, how many hours per week? _____

SIGNATURE OF STUDENT _____

DO NOT WRITE BELOW THIS LINE

APPROVED _____ PENDING _____ DENIED _____ DATE _____