COLLEGE OF MARIN

ADMISSIONS & RECORDS

Special Petition

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

❑ KENTFIELD CAMPUS
❑ INDIAN VALLEY CAMPUS

STUDENT IDENTIFICATION NO. M

NAME

LAST FIRST MIDDLE INITIAL

MAILING ADDRESS

NUMBER & STREET

CITY STATE ZIP

DAY PHONE

AREA CODE TELEPHONE NUMBER

EMAIL ADDRESS

☐ Home School Program (A copy of the home school affidavit must be submitted each semester.)

☐ As a student presently enrolled in below the 9th grade, I hereby petition to attend the class listed below as a special College Credit Program student.

I understand that even though I have obtained the required instructor signature, approval is determined by the Dean of Enrollment Services and availability of space in class after other categories of students have registered, in accordance with the registration priority system established by the Marin Community College District Board of Trustees. Please note: Concurrently enrolled students are restricted from physical education and remedial classes (classes numbered below 100).

COURSE ABBREVIATION AND NUMBER _____ COURSE REFERENCE NUMBER (CRN) _____

BIRTHDATE _____ GRADE _____
MONTH / DAY / YEAR

DO NOT WRITE BELOW THIS LINE

INSTRUCTOR'S COMMENTS _____

_____

_____

INSTRUCTOR SIGNATURE (REQUIRED) _____

Counselor signature required verifying student is capable of doing college-level work.

COLLEGE OF MARIN COUNSELOR SIGNATURE _____

DEAN OF ENROLLMENT SERVICES ☐ APPROVED ☐ DENIED ☐ PENDING

DATE _____ SIGNATURE _____

COMMENTS _____

_____

_____