COLLEGE OF MARIN

ADMISSIONS & RECORDS

Student Petition

Date Received _____

Initials _____

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

❑ KENTFIELD CAMPUS ❑ INDIAN VALLEY CAMPUS

MARIN I.D. # M

NAME

LAST FIRST MIDDLE INITIAL

MAILING ADDRESS

NUMBER STREET

CITY STATE ZIP CODE

DAY PHONE

AREA CODE TELEPHONE NUMBER

E-MAIL ADDRESS

I HEREBY PETITION AS FOLLOWS: (Briefly explain.)

OFFICE USE ONLY

INSTRUCTOR'S COMMENTS

INSTRUCTOR'S SIGNATURE (REQUIRED) _____ DATE _____

DEAN OF ENROLLMENT SERVICES

❑ APPROVED ❑ DENIED ❑ PENDING

SIGNATURE _____

DATE _____

COMMITTEE RECOMMENDATION