

Petition to Academic Standards Committee

COLLEGE OF THE CANYONS

Student Services-Canyons Hall, Room 208
26455 Rockwell Canyon Rd. Phone (661) 362-3261
Santa Clarita, CA 91355 FAX (661) 362-3043

Directions: Complete all information for **Sections A through E**

Section A: Student Information

INCOMPLETE PETITIONS WILL NOT BE ACCEPTED

Student ID Number: _____ Student Social Security Number: _____

Date of Birth: _____ cell phone: (_____) _____ email: _____

Last Name First Name Middle Initial

Address Number Street Apt#

City State Zip

Section B: Reason for Petition

- LATE DROP without a W: Current semester only:** I stopped attending the course prior to the 20 percent DROP deadline **AND** I have extenuating circumstances, which occurred before the DROP deadline = 20 percent of the term or semester. **Note: The instructor of the course must be able to verify you stopped attending prior to the DROP without a W deadline**
- LATE WITHDRAWAL with a W: Current semester only:** I cannot complete the class because I have extenuating circumstances, which occurred after 20 percent of the term but prior to completion of the final exam/project/presentation, etc.
- GRADE CHANGE without a W:** Previous semester(s). I never attended/participated in any class meeting for the course **AND** the instructor of the course can verify I never attended or participated.
- GRADE CHANGE with a W:** Previous semester(s). I stopped attending between the first class session and finals week, I did not complete the course, I can document extenuating circumstances **AND** instructor can verify when I stopped attending.
- OTHER:** (Please describe: _____)

Section C: Required Course Information

Is this a short term class?: ___ 5-week GO ___ 5-week PAL ___ 8 week

Course Title: _____ Section #: _____ Semester/Term: _____

Course Title: _____ Section #: _____ Semester/Term: _____

Date of Last Attendance: _____ Did you take/make the final (exam, presentation, speech, etc.): _____

For Grade Change: Grade Received: _____ Grade Proposed: _____ Instructor Name: _____

Student's Signature: _____ *Date:* _____

Section D: Student Statement

You MUST ATTACH the following in order for your petition to be considered:

1) Pertinent documents citing extenuating circumstances that were **BEYOND YOUR CONTROL:** medical, job-related, family or other **verifiable** reasons to support your request; and **2) A personal statement** why your circumstances caused you not to be able to continue in your course(s). **Note: PETITIONS WILL NOT BE ACCEPTED WITHOUT DOCUMENTATION and STUDENT STATEMENT**

Section E: Instructor Statement

Instructor, please complete pertinent information in box at left below:

Did the student ever attend/log-in?: _____

Date of last attendance: _____

ONLINE Courses = Date of last log-in: _____

Student's grade when attendance stopped: _____

Did student complete the course/take final?: _____

Comments: _____

Instructor Signature *Date* *Print Name*

ACTION OF THE COMMITTEE:

____ **Petition Granted** ____ **Petition Denied**

Dates on documents of exten. circum. don't match course _____

You must evaluate course and withdraw before deadlines _____

Documentation of extenuating circumstances needed; _____
you may resubmit with documentation

The timeline in which to petition a course offered _____
in _____ has expired per District board policy

Chairperson: _____ Date: _____

Notice of Action mailed to student
Date: _____ by: _____