



21250 Stevens Creek Blvd.  
Cupertino, CA 95014

**PLEASE PRINT**

PETITION TO THE ACADEMIC COUNCIL

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street

\_\_\_\_\_ City State Zip Code

Student I.D. (SSN) Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone: \_\_\_\_\_  
Home Work

E mail address: \_\_\_\_\_

YEAR AND QUARTER(S) AFFECTED BY PETITION: \_\_\_\_\_

**INSTRUCTIONS:**

1. **Complete petition.** All areas of form must be completed. Make sure your request is clearly stated. Counselors are available in the Counseling Office to help you complete this form.
2. **Specify classes that are affected.** List course ID number, course name, Quarter and instructor, (e.g., Math 1A-02, Calculus, Spring 1999, Jones).
3. **Give all background information** necessary and reasons for your request.
4. **Provide documentation.** If the request is made on the grounds of illness or employment, or any reasons needing substantiation; signed, **supporting documents** must be provided by physician or employer or other appropriate person(s).
5. **Obtain supporting signatures, if applicable.** See reverse side of this form.
6. **Submit** completed petition to Admissions and Records office.
7. You will be **notified in the mail or via email** whether your petition was approved or denied. Petition results are not discussed via telephone. If you want to discuss or appeal the results of your petition, make an appointment with the Associate Registrar in the Admissions and Records Office.

**Note:** The Academic Council meets regularly. Once your petition has been reviewed, you may appear before the council to support your request. Make an appointment in the Admissions and Records Office.

***THIS IS NOT THE CORRECT FORM FOR CHANGE OF GRADE.***  
**Please consult instructor. Only the instructor may change a grade of record by submitting a change of grade form.**

**REQUIRED INFORMATION:** I am petitioning to (use reverse side if necessary):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature Date

**SEE REVERSE SIDE FOR SUPPORTING COMMENTS PORTION OF FORM**

Office Use Only	
Date Received _____	
<input type="checkbox"/>	Approved
<input type="checkbox"/>	Denied
By _____	
_____	
Date of Action _____	
Date Recorded _____	

**REQUIRED INFORMATION:** I am petitioning to (continued):

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**SUPPORTING COMMENTS, AS APPLICABLE**

Comment on merits of this petition:

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Instructor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Division Dean's Signature \_\_\_\_\_

Date \_\_\_\_\_

(OPTIONAL, Advisory)

\_\_\_\_\_  
Counselor's or Advisor's Signature / PRINT NAME

\_\_\_\_\_  
Date