

**Instructions:** Please complete all requested information and, where appropriate, attach the original documentation. Please note that in most cases, your request cannot be processed without supporting documentation. If there are extenuating circumstances that you wish to have considered, please explain under the "Comments" section on the reverse side of this form and attach supporting documentation. You are encouraged to attach extra sheets to support your petition. Please type or print all information legibly. You must provide all information requested and sign and date this petition. The General Petition may not be used for a grade change in which the student received a grade of A, B, C, D, F, Pass, No Pass, Credit or No Credit. The Grade Change Petition process and its forms must be followed and used.

Student ID:		Date of Birth	Date:	
Name				
Last		First		Middle
Address:		City:	State:	Zip:
Telephone: ()_		Email:		
Semester(s)/Term(s)	Year(s)	Course Title(s)	Instructor (s)	Assigned Grade (s)
Please indicate acti	ons you wis	h considered:		
drop a course and NE If you received any ot Petition. Students m affected class.  2 Drop Af	EVER attende her grade (A, nust make the	ter the Drop Deadline: of the class. You received a B, C, D, F, Pass, No Pass, is request within eighteen ( " Deadline: This petition	"W" and are petitioning to Credit, No Credit), you mu 18) months after the final category requires you to	have the "W" removed. ust file a Grade Change day of the term for the submit documentation
deadline date. (*Exte	enuating circuid the control	nstances that prevented you umstances are defined as I of the student". Title V, § al.	"verified cases of accide	ents, illnesses or other
	ctivation or c	: This type of withdrawal mehange of duty station orderent fees.		
requests that meet a regionally accredited	II criteria can colleges, you	This is to request a revieus be approved. If this is be must ensure that El Cambefore this petition is review	eing submitted based on ino College has received	grades earned at other
policies.) A petition for the medical statements, a you are requesting a	or a refund a ese circumsta employment v refund of par	(Please see the schedule after the deadline will only ances <u>must</u> be attached to reifications or news release king fees, your parking perror Refund of Student Fees	be accepted due to extend this form. Examples of eas of an event, which has mit must be submitted with	nuating circumstances. documentation include affected you directly. If h this form. Additionally,

Students must make this request within eighteen (18) months after the posting of grades for the affected class.

am requesting a refund	d for the following if	item(s):	
Enrollment Fees:	Nc	Non-Resident Fees:	
6Other (Please s	specify):		
E	Explain below legibly	y and provide supporting documentation.	
Student Comments: (us	se additional paper if	i necessary)	
		<del></del>	
Student's Signature		Date	
For use by office of admissi	ions and records only	,	
Received by:	Res C Code:	Date:	
Comments to student:	_		
1			
I ———			
Director or Registrar:		( ) Approved ( ) Denied ( ) Pending	g
Office actions required:			
I			
I			
	<del></del>		