Petition for Exceptions to Registration Policies
(Late Add, Late Drop, Excess Unit & Class Time Conflict)

Gavilan College
5055 Santa Teresa Blvd
Gilroy, CA 95020

Name: ___________________________________________     G#: ____________________________

Email: ___________________________________________     Phone # (_____ ) ______________________

Semester/Year:  □ Spring 20____  □ Summer 20____  □ Fall 20____

Check if you are:  
[ ] Receiving Veterans’ Benefits*  [ ] Receiving Financial Aid*  [ ] Are an F1 Student*

*Some petitions will be denied in compliance with federal or other regulations related to enrollment status, funding or benefits receipt

Student’s Signature: ___________________________________________     Date: __________________________

• Incomplete petitions will be denied.
• Please write clearly and concisely.
• Late add, late drop, and time conflict requests require Vice President of Student Services approval
• Excess unit requests require Gavilan counselor approval

INSTRUCTOR VERIFICATION
(LATE ADD/LATE DROP ONLY)

TO BE COMPLETED BY INSTRUCTOR

FOR LATE ADD:  Date FIRST attended class: ___________________________   Class: ___________________________

FOR LATE DROP:  Date LAST attended class: ___________________________   CRN: ___________________________

Instructor’s Comments: ________________________________________________________________

Instructor’s Signature: ___________________________________     Date: ____________________________

TO BE COMPLETED BY STUDENT

Student’s Comments: ________________________________________________________________

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OFFICE USE ONLY
(For late add, late drop and time conflict only)

[ ] Approved  [ ] Denied  [ ] Other  Remarks: ________________________________

VP, Student Services Signature: ___________________________     Date: __________________________

Time conflict and excess unit request on reverse
TIME CONFLICT

Class information / Currently Registered Class (complete all lines):
Class: ______________ CRN: ___________ Days: M T W R F S U Instructor: ____________________________
Lecture Time: _______ am pm TO _______ am pm Lab Time _______ am pm TO _______ am pm

Course with Conflict and Time(s) being missed (complete all lines):
Class: ______________ CRN: ___________ Days: M T W R F S U Instructor: ____________________________
Lecture Time: _______ am pm TO _______ am pm Lab Time _______ am pm TO _______ am pm
Total time missed weekly: ________________________ Total time missed daily: ________________________

PLEASE LIST THE SPECIFIC DATES AND TIMES WHEN MISSED CLASS TIME WILL BE MADE UP (Form will not be accepted without this information)

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Instructor’s Signature*: ____________________________

*INSTRUCTORS PLEASE NOTE: Your signature verifies the above information and that you will be present during listed make up times. Instructors must maintain attendance records. These records must be turned into Admissions & Records by final grades deadline. If student will be missing more than two sessions, you must attach chart/spreadsheet with detailed make up dates and times.

OFFICE USE ONLY

☐ Approved ☐ Denied ☐ Other

Remarks: __________________________________________________________

Signature: ______________________________________________ Date: ____________________________

EXCESS UNIT

(Gavilan counselor approval required)

Total number of units for term: ________ Cumulative GPA: ____________ (Must be 2.5 or above to be eligible)

__________________________________________________________ Date

Counselor’s Signature