ACADEMIC APPEAL PETITION

Please Print

Today’s Date: _________________________     Petition Request For _____________________ / ___________________ 

Term   Year

Name: ___________________________________________ G #: _________________________________

First Name       Last name

Email: ____________________________________________________    Phone #: (______) _______________________

- Submit this petition along with any supporting documentation to the Admissions & Records Office.
- Your petition will be reviewed by the Academic Appeals Committee.
- A copy will be returned to you (by US Mail) indicating approval or denial, and the reasons and/or the limitations imposed by the Academic Appeals Committee.
- Approval of this petition has no bearing on any decisions made regarding financial aid.

What is the specific and action you wish the Committee to consider?  (Use a separate sheet if necessary)

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Student’s Signature ______________________________________    Date ____________________________________

To be completed by Academic Appeals Committee

Petition is: [ ] Approved    [ ] Denied    [ ] Additional Information Needed

Rationale: _________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Chair, Academic Appeals Committee __________________________________________    Date ____________________

Gavilan College
5055 Santa Teresa Blvd
Gilroy, Ca 95020
Fax (408) 846-4940

A&R 07/14