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

Name: ___________________________________ G#: __________________________
Last Name: ____________________________
First Name: ___________________________

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: ____________________________________________________________

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: ____________________________

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EXCESS UNIT

(Gavilan counselor approval required)

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

____________________________________________________________________________________

Counselor’s Signature  Date