



Gavilan College
5055 Santa Teresa Blvd
Gilroy, CA 95020

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*

Student's Signature: _____ Date: _____

PETITION INSTRUCTIONS:

Incomplete petitions will be denied. Please write clearly and concisely.

- Petitions must include all necessary information including:** course CRN number, course name, semester and year, recommendations of instructor and reason for the petition.
- Late Adds/Drops** must have instructor verification of first and/or last date attended and signature. It is still the student's responsibility to complete the add/drop/withdrawal process.

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

INSTRUCTOR VERIFICATION (ADD/DROP ONLY)

FOR LATE ADD: Date FIRST attended class: _____

FOR LATE DROP: Date LAST attended class: _____

Comments: _____

Instructor's Signature: _____ Date: _____

Student's Comments: _____

(More space on back side of form)

EXCESS UNIT

Total number of units for term: _____

Self-reported GPA: _____

(Must be 2.0 or above to be eligible)

Counselor's Signature

Date

OFFICE USE ONLY

Approved Denied Other

Remarks: _____

Signature: _____

TIME CONFLICT

Class information / Currently Registered Class (complete all lines):

Class: _____ Days: M T W R F S U Instructor: _____

Lecture Time: _____ am pm TO _____ am pm Lab Time _____ am pm TO _____ am pm

Instruction's Signature: _____

Course with Conflict and Time(s) being missed (complete all lines):

Class: _____ 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)

DATE(S):	TIME(S)	DATE(S):	TIME(S)

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 be present during make up times and must maintain attendance records. These records must be turned into Admissions & Records by final grades deadline.

Continued Student's Comments: _____

