



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*

**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)

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 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)

Counselor's Signature

Date