

Los Angeles Mission College

Petition for Exception of Academic Requirements

Student's Name _____

Student's ID Number _____

Address _____

Telephone # _____

Major: _____

Expected Date of Completion _____

Request for exception towards: Plan A Plan B Certification Dept. Certificate

Course	Required Course	Substitute Course	College	Date
<input type="checkbox"/> Substitution				
<input type="checkbox"/> Waiver				
<input type="checkbox"/> Other				
Reason:	_____			

Course	Required Course	Substitute Course	College	Date
<input type="checkbox"/> Substitution				
<input type="checkbox"/> Waiver				
<input type="checkbox"/> Other				
Reason:	_____			

Note: All petitions should give a full statement of the reasons for the request. If additional space is needed, use the back of this sheet. Attach all supporting documents.

Student's Signature _____

Counselor's Print Name _____

Counselor's Signature _____

Department Chair Signature (Optional) _____

FOR PETITION COMMITTEE USE ONLY

ACTION

REMARKS _____

_____ Approved _____ Denied

_____ Action Postponed

By _____

Date _____

Copy sent to student on _____