



SAN MATEO COUNTY
COMMUNITY COLLEGE DISTRICT
SMCCCD

EXTENUATING CIRCUMSTANCE(S)

Check Appropriate College

Admissions
Cañada College
4200 Farm Hill Boulevard
Redwood City, CA 94061
Phone: (650) 306-3226
Fax: (650) 306-3113

Admissions
College of San Mateo
1700 West Hillsdale Blvd.
San Mateo, CA 94402
Phone: (650) 574-6165
Fax: (650) 574-6506

Admissions
Skyline College
3300 College Drive
San Bruno, CA 94066
Phone: (650) 738-4251
Fax: (650) 738-4200

Student's ID# G: _____

Last Name _____ First Name _____ Middle _____

Mailing Address: _____

Phone Number: _____ Email: _____

DIRECTIONS:

This is a formal request for an exception or waiver to college procedures. Check the appropriate box(s) below, include and/or attach a written statement if necessary, with supporting documentation of your extenuating circumstance. Extenuating Circumstances are legally defined as verified cases of illness, accident or other circumstances beyond your control.

- Note: 1. PETITIONS WITH INSUFFICIENT SUPPORTING DOCUMENTS, INFORMATION AND EXPLANATION WILL BE DENIED.**
2. DROPPING/WITHDRAWING FROM A COURSE MAY AFFECT FINANCIAL AID

You are advised to speak with staff in the Financial Aid Office prior to submitting this request to determine whether or not it may impact your previous/future financial aid award and/or eligibility.

LATE WITHDRAWAL Fall Spring Summer Year _____

CRN	Course Title	Course #	Instructor (print)

I support this student's petition I do not support this student's petition

Instructor Signature: _____ Date: _____

OTHER (clearly describe what you are requesting):

STATEMENT OF JUSTIFICATION: (use additional page if necessary)

Student Signature: _____ Date: _____

OFFICE USE ONLY: Approved Denied Pending Official Documentation

Comments:

Extenuating Circumstance Committee: _____ Date: _____