

Submit to the Office of Admissions and Records

# De Anza College

Office of Admissions and Records  
21250 Stevens Creek Blvd., Cupertino, CA 95014  
Tel: (408) 864-5300 Fax: (408) 864-8329

OFFICE USE ONLY

Date Rec'd : \_\_\_\_\_  
Initials: \_\_\_\_\_

## EXTENUATING CIRCUMSTANCE PETITION

Please print

Quarter / Year \_\_\_\_\_

Name: \_\_\_\_\_ CWID# \_\_\_\_\_  
Last Name First Middle

Street Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

This petition is a formal request for an exception to or waiver of college procedures. Extenuating circumstances are verified cases of illness, accident, or other circumstances beyond your control. State your extenuating circumstances in as much as detail and as clearly as possible. Attach evidence to support your request.

**PETITIONS WITH INSUFFICIENT INFORMATION, EXPLANATION OR DOCUMENTATION WILL BE DENIED.**

A decision will be sent to you within 5 working days.

PETITION REQUEST - Specify below by checking  
Late Withdrawal or Other Circumstance

Late Withdrawal (Requires Instructor Signature)

Other Circumstance

Quarter / Year \_\_\_\_\_

Course Title(s) / CRN(s) \_\_\_\_\_

**STUDENT EXPLANATION:** (Print or Type)

USE REVERSE SIDE IF NECESSARY OR ATTACH DOCUMENTATION TO SUPPORT PETITION.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Instructor Signature \_\_\_\_\_

Date \_\_\_\_\_

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DECISION:  Approved  Pending Instructor's Recommendation  Other: \_\_\_\_\_  
 Denied  Pending Official Documentation

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Dean, Admissions and Records or Designee

EXTENUATING CIRCUMSTANCE PETITION

**STUDENT EXPLANATION:** (Continued) \_\_\_\_\_

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Student's Signature

\_\_\_\_\_

Date

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**INSTRUCTOR'S COMMENTS:** (Please indicate attendance, performance, and ability to complete this course this quarter).

CRN \_\_\_\_\_ Section No. \_\_\_\_\_ Course Title \_\_\_\_\_ Instructor \_\_\_\_\_

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Instructor's Signature

\_\_\_\_\_

Date

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**INSTRUCTOR'S COMMENTS:** (Please indicate attendance, performance, and ability to complete this course this quarter).

CRN \_\_\_\_\_ Section No. \_\_\_\_\_ Course Title \_\_\_\_\_ Instructor \_\_\_\_\_

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\_\_\_\_\_

Instructor's Signature

\_\_\_\_\_

Date

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**INSTRUCTOR'S COMMENTS:** (Please indicate attendance, performance, and ability to complete this course this quarter).

CRN \_\_\_\_\_ Section No. \_\_\_\_\_ Course Title \_\_\_\_\_ Instructor \_\_\_\_\_

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Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_