

PLEASE PRINT
Admissions and Records Petition
Time Conflict

Rec'd By _____
 Date _____

Petition Refers to: Fall 20_____
 Spring 20_____
 Summer 20_____



Student Name _____

Date of Birth _____

Mailing Address _____

SCC Email Address _____

City _____ State _____ Zip _____

SCC ID# _____

COURSES IN CONFLICT:

| <u>CRN #</u> | <u>Dept Name</u> | <u>Course Title</u> | <u>Unit Value</u> | <u>Day</u> | <u>Hour</u> | <u>Instructor</u> |
|--------------|------------------|---------------------|-------------------|------------|-------------|-------------------|
| | | | | | | |
| | | | | | | |

REASON FOR PETITION: _____

INSTRUCTOR'S EXPLANATION OF HOW TIME WILL BE MADE UP AND DOCUMENTED BY THE INSTRUCTOR (a record of these hours must be submitted to the Office of Admissions and Records at the end of the semester):

 (Instructor's Signature)

 (Date)

Approved *Denied*

 Division Dean's Signature

 Date

OAR: *Approved* *Denied* **Date:** **By:**

This petition will only be considered for approval if extenuating circumstances exist and all requirements are met. Petitions are considered on a case-by-case basis.

Attendance documents received.

Form Distribution: **White: OAR** **Yellow: Division Dean** **Pink: Instructor** **Goldenrod: Student**