

# De Anza College

21250 Stevens Creek Blvd., Cupertino, CA 95014  
(408) 864-4719

Accepted  
by \_\_\_\_\_

## PETITION FOR EXCEPTIONS TO REGISTRATION POLICIES

Name: \_\_\_\_\_ ID: \_\_\_\_\_  
Last First

EMAIL ADDRESS: \_\_\_\_\_

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

### CHECK IF YOU ARE:

Receiving Veterans' Benefits \_\_\_\_\_, Receiving Financial Aid \_\_\_\_\_, or an F1 Student \_\_\_\_\_ \*

### PETITION INSTRUCTIONS:

Incomplete petitions will be denied. Please write clearly and concisely.

1. **Petitions must include all necessary information including:** course ID number, course name, quarter and year, recommendations of instructor and reason for the petition.
2. **Late Adds/Drops** must have instructor verification of first and/or last date attended and signature. It is still the student's responsibility to complete the add/drop/withdrawal process.

Petition results are not discussed via telephone. You will be contacted by email.

\*Some petitions will be denied in compliance with federal or other regulations related to enrollment status, funding, or benefits receipt.

**LATE ADD  
LATE DROP  
REFUND EXCEPTION  
CLASS TIME CONFLICT  
Complete reverse side**

<b><u>INSTRUCTOR VERIFICATION</u></b> <b>(Add/Drop Only)</b>	
_____	Date FIRST attended class
_____	Date LAST attended class
Comments _____	
_____	_____
Instructor Signature	Date

<b><u>FOR OFFICE USE ONLY</u></b>		
Approved	Denied	Other
_____	_____	_____
_____	_____	_____
_____	_____	_____
By:	Date:	

**Use reverse side for explanation. Attach a separate sheet if necessary.**

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**TIME CONFLICT**

**CLASS INFORMATION / CURRENTLY REGISTERED CLASS (Complete all lines):**

Class: \_\_\_\_\_ Please circle days    M    T    W    TH    F    S

Instructor's Name \_\_\_\_\_

Lecture/ Time \_\_\_\_\_ to \_\_\_\_\_      Lab/ Time \_\_\_\_\_ to \_\_\_\_\_

**Instructor's Signature** \_\_\_\_\_

**COURSE WITH CONFLICT AND TIME(S) BEING MISSED (Complete all lines):**

Class: \_\_\_\_\_ Please circle days    M    T    W    TH    F    S

Instructor's Name \_\_\_\_\_

Lecture/ Time \_\_\_\_\_ to \_\_\_\_\_      Lab/ Time \_\_\_\_\_ to \_\_\_\_\_

Total time missed weekly \_\_\_\_\_

Total time missed daily \_\_\_\_\_

**(Not to exceed 10 minutes daily)**

**PLEASE LIST THE SPECIFIC DATES AND TIMES WHEN MISSED CLASS TIME WILL BE MADE UP (Form will not be accepted without this information):**

**D a t e(s):** \_\_\_\_\_ **T i m e(s):** \_\_\_\_\_

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**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 BE PRESENT DURING MAKE UP TIMES.