

Petition for Registration Policy Exception

ONLY extended illness or conditions clearly beyond the student's control will be considered as reasons for exceptions.

Name	Student ID #
Address	Phone #
City	State
Zip	Email

Please provide complete details in support of your request on the back of this petition and be as specific as possible. The Petition Committee can only consider information provided or attached. Statements from faculty in support of this petition must also be included or attached. **Change of Registration forms are required for all actions.**

Policy exception requested for: _____
quarter
year

- Credit reduction from _____ to _____ 100% refund 50% refund

Credit reduction requires last date of attendance and faculty's signature, **on reverse**, prior to Financial Aid review and signature below

- Increase credit hours from _____ to _____ total Requires faculty's supporting statements and signatures, **on reverse**

- Register after deadline with \$50.00 late fee

- Late fee to be refunded Requires supporting statements and signatures, **on reverse**

- Register late internship or contract

After the first week of the quarter, Academic Dean's signature required: _____

Deans approval for contract/internship does not grant registration approval

- Medical: Requires a physician's statement indicating time frame of the medical condition prohibiting student attendance and/or ability to complete work.

- Other: _____

Required Office Review

Reviewed by Student Accounts and staff signature : _____

- Do you receive Financial Aid? (Grants, Loans, Scholarships) Yes (Financial Aid signature is required)
 No

Reviewed by Financial Aid and staff signature: _____

Sign below and turn in completed form to Registration and Records. Please allow 2 weeks for review and action.

I certify that the included statements are true and correct to the best of my knowledge, and further authorize The Evergreen State College to investigate my statements to any extent believed necessary to arrive at a decision regarding my petition.

Student Signature _____ Date _____

Office Use Only:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Signature: _____	Date: _____
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Student Supporting Statement

Comments:

Faculty Supporting Statement

Last date student attended or participated in class activities: _____ (required prior to submission)

Comments:

Faculty Signature

Date