LOS ANGELES COMMUNITY COLLEGE DISTRICT

GENERAL PETITION

Student Name _____
Print Last Name First Middle

Student ID _____ Birth date _____
Month Day Year

Address _____
Number Street

_____ Telephone _____
City State Zip Code

_____ _____
Today's Date Student's Signature

All petitions should give a full statement of the reasons for the request and should bear the endorsement of instructors, physicians, or others who are concerned. Attach any supporting documents or evidence which supports your petition. **I HEREBY MAKE THE FOLLOWING REQUEST:**

_____

_____

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_____

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INSTRUCTOR'S COMMENTS

COMMITTEE ACTION

Granted _____

Denied _____

Postponed _____
Date _____

STUDENT NOTIFICATION

Date _____

Corrected Copy ( )

By _____

Instructional Television
13356 Eldridge Avenue
Sylmar, CA 91342

Phone: (818)833-3594
Fax: (818)833-3598