

San Jose /Evergreen Community College District
OFFICE OF ADMISSIONS AND RECORDS
GENERAL PETITION

_____ *Print Name*

SJCC or EVC

_____ *Street*

_____ *Date*

_____ *City State Zip*

Work () _____

Home () _____

Telephone

_____/_____/_____
Social Security Number

_____ *Counselor*

Graduation Appeal *Yes* *No*

State the purpose of the Petition including statement of facts, reasons, events, or circumstances to support Petition. Attach supporting documentation, when applicable.

_____ *Signature of Student*

OFFICE USE ONLY

APPROVED DENIED PENDING

_____ *Signature of Chairperson:*

_____ *Date*

Student Notified: _____

Date

White Copy for Office;

Yellow Copy for Student Response