EVERGREEN VALLEY COLLEGE
ADMISSIONS & RECORDS

Admissions & Records Office
3095 Yerba Buena Rd.
San Jose, CA 95135
(408) 270-6441
www.evc.edu

PETITION FOR READMISSION TO CLASS

STUDENT	
STUDENT NAME (LAST, FIRST, MIDDLE)	**STUDENT ID**

COURSE			
COURSE	**SECTION #**	**COURSE**	**TERM/YEAR**
INSTRUCTOR'S NAME		**DEPARTMENT**	

Reason(s) for Readmission:

REQUIRED SIGNATURES (Both signatures are required for processing)	
	DATE ___/____/____
STUDENT SIGNATURE (required)	
	DATE ___/____/____
INSTRUCTOR SIGNATURE (required)	

Readmission: Approved   Denied   **Instructor Error

**If instructor error, please provide an explanation: