



SAN MATEO COUNTY
COMMUNITY COLLEGE DISTRICT
SMCCCD

EXTENUATING CIRCUMSTANCE(S)

Check Appropriate College

Admissions
Cañada College
4200 Farm Hill Boulevard
Redwood City, CA 94061
Phone: (650) 306-3226
canadaadmissions@smccd.edu

Admissions
College of San Mateo
1700 West Hillsdale Blvd.
San Mateo, CA 94402
Phone: (650) 574-6165
csmadmission@smccd.edu

Admissions
Skyline College
3300 College Drive
San Bruno, CA 94066
Phone: (650) 738-4251
skyadmissions@smccd.edu

Student's ID# G: _____

Last Name _____ **First Name** _____ **Middle** _____

Mailing Address: _____

Phone Number: _____ **Email:** _____

DIRECTIONS:

This is a formal request for an exception or waiver to college procedures. Check the appropriate box(s) below, include and/or attach a written statement if necessary, with supporting documentation of your extenuating circumstance. Extenuating Circumstances are legally defined as verified cases of illness, accident or other circumstances beyond your control.

- Note: 1. PETITIONS WITH INSUFFICIENT SUPPORTING DOCUMENTS, INFORMATION AND EXPLANATION WILL BE DENIED.**
- 2. DROPPING/WITHDRAWING FROM A COURSE MAY AFFECT FINANCIAL AID AND/OR VETERANS BENEFITS.**

You are advised to speak with staff in the Financial Aid Office or the VA Certifying Official prior to submitting this request to determine whether or not it may impact your previous/future financial aid award and/or eligibility for Veterans Benefits.

Please indicate if you are:

- Receiving Financial Aid
- Receiving Veterans Benefits

LATE WITHDRAWAL Fall Spring Summer Year _____

CRN	Course Title	Course #	Instructor (print)

- I support this student's petition I do not support this student's petition

Instructor Signature: _____ **Date:** _____

OTHER (clearly describe what you are requesting):

STATEMENT OF JUSTIFICATION: (use additional page if necessary)

Student Signature: _____ **Date:** _____

OFFICE USE ONLY: Approved Denied Pending Official Documentation

Comments:

Processed by: _____ Date: _____