

Student :

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Date: ____ / ____ / ____

Semester

-
- FALL
-
-
- SPRING
-
-
- SUMMER

Date of Birth: ____ / ____ / ____

Print Name:

LAST

FIRST

MIDDLE

Year: _____

Circle one	Class Number	Course Name & No. (i.e. Psyc 100)	Units	Instructor Signature (After start of session)
Add or Drop				
Add or Drop				
Add or Drop				
Add or Drop				
Add or Drop				

Additional paperwork filed:

Petition to repeat a class for the third time.

Prerequisite Challenge.

Prerequisite Clearance

I am currently enrolled in the prerequisite of a course listed above.

Student Signature

I UNDERSTAND AND ACCEPT that by providing my full name in lieu of the electronic signature, I am acknowledging my agreement with the acceptance of these statements.

Directions:

To submit this form please:

1. Download, complete and save the form and email it to
- admissions-info@cerritos.edu

OR

2. Submit this form using Internet Explorer (internet browser). Copy and paste the URL for this form into the search bar of an Internet Explorer Browser, then complete and submit the form from there.

Staff use onlyPre-Requisites - Students taking Pre-req and course the same semester **OR** Enrolled in Pre-Req_____
Indicate Semester Enrolled

Petition for Academic Records & Standards Committee

Clearance for unit increase

Counselor Signature_____
Units allowed_____
Processed By_____
Date

Updated 5/7/20 DB