



**Cerritos College  
Extenuating Circumstances Petition  
Admissions and Records**

Staff Accepting Form:  
\_\_\_\_\_  
Initials                      Date

**STUDENT:**  
\_\_\_\_\_  
Last Name                      First                      M.I.                      Student ID number  
Address: \_\_\_\_\_  
                    Street                      City                      State                      Zip Code  
Contact Number: (    ) \_\_\_\_\_                      Email Address: \_\_\_\_\_

This petition is a formal request for an exception to or waiver of college procedures. This petition, if approved, can affect your obligations as a financial aid, scholarship or loan recipient. Check the box below to assure that a copy of this request is forwarded to **Financial Aid**.

Are you currently receiving Financial Aid?     Yes     No

Did you receive Financial assistance during the term and semester the petition is applied for?     Yes     No

***IF YOU ARE REFERRING TO A SPECIFIC COURSE (S) AND OR SEMESTER (S) IN YOUR REQUEST, PLEASE LIST: \_***  
\_\_\_\_\_  
Semester    Course Title and Number    Class Number                      Semester    Course Title and Number    Class Number  
\_\_\_\_\_  
Semester    Course Title and Number    Class Number                      Semester    Course Title and Number    Class Number

**CLEARLY STATE YOUR REQUEST AND EXPLAIN THE EXTENUATING CIRCUMSTANCES IN AS MUCH DETAIL AS POSSIBLE. Extenuating Circumstances are verified, documented cases of accidents, illnesses, or other circumstances beyond the control of the student. NO PETITION WILL BE CONSIDERED WITHOUT DOCUMENTATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RECOMMENDATION (Counselor/Dept. Chair/Division Dean) :** (Student may obtain comments if needed to support this petition.)  
 Recommend Approval     Recommend Disapproval    Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADMISSIONS AND RECORDS USE ONLY**  
Approve  Disapprove  Copy sent to Financial Aid  Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dean of Admissions, Records & Services: \_\_\_\_\_ Date: \_\_\_\_\_