

Petition for Registration Policy Exception

ONLY extended illness or conditions clearly beyond the student's control will be considered as reasons for exceptions.

Name			Student ID #
Address			Phone #
City	State	Zip	Email

Please provide complete details in support of your request on the back of this petition and be as specific as possible. The Petition Committee can only consider information provided or attached. Statements from faculty in support of this petition must also be included or attached. **Change of Registration forms are required for all actions.**

Policy exception requested for: _____
quarter
year

☐ Credit reduction from _____ to _____ ☐ 100% refund ☐ 50% refund (50% refund not available in summer)

Credit reduction requires last date of attendance and faculty's signature, **on reverse**, prior to Financial Aid review and signature below.

☐ Increase credit hours from _____ to _____ total. Requires faculty's supporting statements and signatures, **on reverse**.

☐ Register after deadline with ___ \$50.00 late fee or ___ \$100.00 late fee.

☐ Increase credit hours above 16 after deadline. **Requires Dean's signature here** _____

☐ Late fee to be refunded. Requires supporting statements and signatures, **on reverse**.

☐ Medical: Requires a physician's statement indicating time frame of the medical condition prohibiting student attendance and/or ability to complete work.

☐ Other: _____

Required Office Review

Reviewed by Student Accounts and staff signature : _____

Do you receive Financial Aid? (Grants, Loans, Scholarships) ☐ Yes (Financial Aid signature is required)
☐ No

Reviewed by Financial Aid and staff signature: _____

Sign below and turn in completed form to Registration and Records. Please allow 2 weeks for review and action.

I certify that the included statements are true and correct to the best of my knowledge, and further authorize The Evergreen State College to investigate my statements to any extent believed necessary to arrive at a decision regarding my petition.

Student Signature Date

Office Use Only: ☐ Approved ☐ Denied Signature: _____ Date: _____

Student Supporting Statement

Comments:

Faculty Supporting Statement

Last date student attended or participated in class activities: _____ (required prior to submission)

Comments:

Faculty Signature

Date