

City Collegeof San Francisco OFFICE OF



City Collegeof San Francisco OFFICE OF ADMISSIONS AND RECORDS

PETITION FOR ACADEMIC RENEWAL/EXCLUSION

Student Name							
_ast	First Middle			Student I.D.			
Address				Birth Date Phone #			
City	State	Zip	Email	Email			
Anticipated Graduation	on Term:						
Graduation Petition s	ubmitted to Ad	missions & Records	s: Yes	No_			
Sul	bmit Compl e	eted Petition to					
Subject/Cour	se	Semester/Year	Units	Grade	Granted	Denied	
Placehock	oovif official	transcript(s) fro	m other c	·ollogo(s)	s/aroinclu	dod	
ricaseriecki			ii Olii c i C	ollege(s)	3/aremoluc	u c u.	
Student's Signature			Date _	Date			
unselor	<u> </u>	Bigh Attlute (Required)	Date	Phone		Mailbox	
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