

 **LOS ANGELES MISSION COLLEGE—GENERAL PETITION***

Received By: Date/Initials _____

Please do not use this petition for academic renewal, course repetition, credit by exam or grade change. Thank you.

Current or Previous (Applicable)
Semester/Year: _____

Student's Name Address Number & Street

Student Identification Number City State Zip Code

Birth date Today's Date Student's Signature

Cell Phone: Home Phone: Best time to call

***Please state the primary reason for your General Petition:** _____

All general petitions should give a full statement and explanation of the request, the semester year and term, and name of classes. Please attach any supporting documents or evidence which supports your petition. If additional space is required to explain your request, please continue on the back. The response to this petition will be mailed to above address.

FOR ADMISSIONS AND RECORDS USE ONLY

ACTION:
_____ Approved _____ Denied
_____ **Returned** (No Action)

COMMENTS/REMARKS:

Larry Resendez , V.P., Student Services
Designee/Supervisor/Date

Processed By/Date: _____ Date response given/mailed: _____