



SAN MATEO COUNTY  
COMMUNITY COLLEGE DISTRICT  
**SMCCCD**

# ADD / DROP

Check Appropriate College

Admissions  
Cañada College  
4200 Farm Hill Boulevard  
Redwood City, CA 94061  
Phone: (650) 306-3226  
Fax: (650) 306-3113

Admissions  
College of San Mateo  
1700 West Hillsdale Blvd.  
San Mateo, CA 94402  
Phone: (650) 574-6165  
Fax: (650) 574-6506

Admissions  
Skyline College  
3300 College Drive  
San Bruno, CA 94066  
Phone: (650) 738-4251  
Fax: (650) 738-4200

Student's ID# G: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Complete appropriate section below:

ADD	CRN	COURSE NAME	COURSE NUMBER	SECTION	UNITS	AUTHORIZATION CODE OR SIGNATURE
	Sample 51329	Elementary Algebra	MATH 110	AA	5	FACULTY'S SIGNATURE

DROP	CRN	COURSE NAME	COURSE NUMBER	SECTION	UNITS
	Sample 51329	Elementary Algebra	MATH 110	AA	5

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

ADMISSIONS AND RECORDS OFFICE

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

# EXTENUATING CIRCUMSTANCE(S)



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This is a formal request for an exception or waiver to college procedures. Extenuating circumstance(s) are verified cases of illness, accident, or other circumstances beyond your control. State your extenuating circumstances in as much detail and as clearly as possible. Evidence to justify your request is required.

**Note: Petitions with insufficient information, explanation or documentation will be denied.**

Student's ID# G: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### DIRECTIONS:

Check the appropriate box(es) below and attach a written statement if necessary, and supporting documentation that explains your extenuating circumstance:

Late Withdrawal    Other \_\_\_\_\_    Fall    Spring    Summer    Year \_\_\_\_\_

Comments:

Late Withdrawal (Requires Instructor's signature for each course or petition will not be processed.)

CRN	Course Title	Course #	Instructor

Dropping/Withdrawing from a course(s) may affect your Financial Aid eligibility.

Were you receiving Financial Aid during the term for which this extenuating circumstance is being requested? If so, you are advised to speak with staff in the Financial Aid Office prior to submitting this request to determine whether or not it may impact your previous financial aid eligibility.    YES    NO

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor's Comments:

I support this student's petition.                      I do not support this student's petition

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

Approved

Denied

Pending Instructor's Recommendation

Pending Official Documentation

Other

Signature, Extenuating Circumstances Committee \_\_\_\_\_ Date: \_\_\_\_\_