

Los Angeles Mission College

1/97

One of the nine Los Angeles Community Colleges

LOS ANGELES MISSION COLLEGE Petition for Exception of Academic Requirements

Student's Name _____ Address _____

Soc. Sec. # _____ () _____ Telephone # _____ City _____ Zip _____

Major _____ Expected Date of Completion _____ Year Entered LAMC _____

Request for exception towards: Graduation Plan A _____ Plan B _____
Department Certificate _____ Certification: CSU _____ IGETC _____

COURSE SUBSTITUTION

REQUIRED COURSE	SUBSTITUTE COURSE	COLLEGE	DATE
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REASON FOR REQUEST: _____
(Attach all supporting documents.) _____

COURSE WAIVER

COURSE(S) TO BE WAIVED: _____

REASON FOR REQUEST: _____
(Attach all supporting documents.) _____

OTHER

SPECIFY REASON FOR REQUEST: _____
(Attach all supporting documents.) _____

Note: All petitions should give a full statement of the reasons for the request. If additional space is needed, use the back of this sheet.

Student's Signature _____ Date _____ Counselor's Signature _____ Date _____

PETITION COMMITTEE FINDINGS

Approved: _____ Denied: _____ Pending: _____
Remarks: _____