



OFFICE OF ADMISSIONS AND RECORDS

Petition to Add a Class Late

Semester: Fall Spring Summer Year: _____

Student Name			Student I.D.	
Last	First	Middle		
Address			Birth Date	Phone #
City	State	Zip	Email	

CRN	SUBJ	CRSE	SEQ	DAYS	TIMES	UNITS	INSTRUCTOR

STUDENT: Please write the reason/s for petitioning to add the above class late:

If you are enrolling in excess of 17 units (7 units in summer semester), an additional form with a counselor's signature is required.
I understand that by adding this class late I am responsible for all fees even if I drop or withdraw from this class later.

Student Signature: _____ **Date:** _____

To Be Completed by the Instructor

- Recommend Approval** **Recommend Disapproval**
(Please return petition to the student)

Reason for recommendation of approval: _____

I certify that the above-named student was actively attending my class prior to census day.

Instructor Name (Print name clearly) **Signature (Required)** **Date** **Phone #** **Mailbox**

To Be Completed by the Department Chair

- Recommend Approval** **Recommend Disapproval**
(Please return petition to the student)

Department Chair Name (Print name clearly) **Signature (Required)** **Date** **Phone #** **Mailbox**

IMPORTANT: In compliance with College policy, this petition to Add a Class Late must be submitted to the Registration Center on or before the deadline date published in the Instructional Calendar. All petitions received after the deadline date will be returned to the department chair. **Appeals must be submitted to the Vice-Chancellor of Academic Affairs for his/her consideration in waiving the established deadline date.**

Vice-Chancellor of Academic Affairs (Print name clearly) **Signature (Required)** **Date**

For Office Use Only – Not processed due to the following reasons:				
<input type="checkbox"/> Time conflict	<input type="checkbox"/> Over maximum units	<input type="checkbox"/> Academic standing	<input type="checkbox"/> Prerequisite	Holds _____
<input type="checkbox"/> No current application	<input type="checkbox"/> Course repetition	<input type="checkbox"/> Duplicate section	Other _____	

Received By: _____ Date: _____ Posted By: _____ Date: _____