

Columbia College
ATTN: Business Services
11600 Columbia College Drive
Sonora, CA 95370

SPECIAL CONSIDERATION REQUEST PETITION

You will receive an email in your college email account when the Committee has made a decision on your petition. Incomplete petitions will be returned.

Student Initials _____

Date: _____

Name: _____

Student "w" ID #: _____ Phone #: _____

Mailing Address: _____

College E-Mail Address: _____

Student Signature: _____

Request:

What action or result are you requesting?

Justification:

What do you feel is the justification for your request? Attach supporting documentation*.

* Physician notes, legal rulings, accident reports

FOR OFFICE USE ONLY

DATE OF RESOLUTION: _____

REQUEST APPROVED: _____ REQUEST DENIED: _____ NEED MORE INFORMATION: _____

EXPLANATION IF APPLICABLE: _____
