EL PASO COMMUNITY COLLEGE
STUDENT PETITION FORM

DATE: _____

TO: _____

FROM: _____
PRINT STUDENT NAME

_____
ADDRESS

_____
CITY STATE ZIP CODE

_____
PHONE

☐PETITION ☐FIRST APPEAL ☐SECOND APPEAL

ID: _____

MAJOR CODE: _____

MAJOR: _____

OPTION: _____

CATALOG YEAR: _____

☐VASTUDENT ☐ FA STUDENT
☐FI STUDENT ☐ODC/ECHS STUDENT

REASON FOR PETITION: _____
PLEASE SPECIFY

NOTE: Both the Dean of Dual Credit/ECHS *and* the Vice President of Instruction & Workforce Education must approve requests from a dual credit student to enroll for more than 16 hours (13 hours in the summer). All other student requests for course overloads (as defined in the Class Schedule and the Catalog) must be approved by the campus dean.

Reasons for Submitted Petition: (State specifically the facts or circumstances which in your own opinion, should be considered)

STUDENT SIGNATURE _____ DATE: _____

If requested action is disapproved and you wish to appeal the decision, you must contact the Counselor that assisted you with the petition to begin the appeals process.

Counselor Signature & Date: _____ Phone No: _____

Print Counselor Name: _____ Campus: ☐RG ☐VV ☐TM ☐NW ☐MdP

Comments: _____

_____

_____

Administrative Signature(s) & Date: _____

Title & Phone Number: _____

Comments: _____ Action: ☐Approved

_____ ☐Not Approved

_____ ☐Other

Student Notified ☐ Counselor Notified☐ Admissions/Records Notified☐