

College NOW PETITION FORM

College Now's registration and deadlines are clearly communicated to students via multiple methods and it is the student's responsibility to comply with these published deadlines and policies. In cases of exceptional circumstance, students can request an exception to a published academic policy by submitting the College Now Petition Form to the College Now office. Such policies may include but are not limited to late drop or withdrawal, late registration, and/or refund of fees.

In order for your petition to be considered, you must demonstrate that there were **non-academic extenuating circumstances** beyond your control which prevented you from complying with published dates and deadlines. These may include but are not limited to: serious injury or illness, death in the immediate family, and/or employment issues.

Supporting documentation attached to your petition is not required, but will potentially expedite the decision on your petition.

Students must submit the petition form and include documentary evidence to support the request if applicable. Each case is decided upon its own merits and the decision of Director of High School Partnerships is final and not subject to appeal, unless there is information pertinent to the outcome, which was not submitted at the time of the initial request.

Last	First	Middle		
	Mailing Address	City	State	Zip
COCC ID (If known)			Date of Birth (MM/DD/YYYY)	
HOME/CELL PHONE		HIGH SCHOOL		
STUDENT'S PERSON	AL EMAIL:			
Statement of Purpose				

Support Documentation

The following is a list of required or encouraged documentation for petitions:

- If petition is to add one or more classes:
 - Attaching completed College Now registration form is <u>required</u> (see end of petition document for registration form)
 - Attaching documentation from instructor(s) is strongly encouraged. This documentation is the instructor's choice to provide.
- If petition is to **drop/withdraw** from one or more classes after the deadline to do so:
 - Attaching documentation from instructor(s) is strongly encouraged. This documentation is the instructor's choice to provide.
 - Attaching the drop/withdraw form.
- If petition is for **medical, clinical or employment reasons**:
 - Attaching documentation from a doctor, therapist or school counselor is <u>required</u>. If not attached to original petition, you will receive a request for this information before a decision is made.

If applicable, please list documentary evidence included with this petition form: 1.
2.
3.

Detailed Petition Narrative	
Describe (500 words or less) Class(es) involved, Reason for pet and college readiness, Thorough personal statement explaining we have the appropriate.	ition, Implications for high school graduation why you feel the petition is warranted and
should be approved:	
Petition Decision Action Regarding Petition	
□ Approved □ Denied □	Other:
Reason for decision (if applicable):	
Director of High School Partnerships Signature:	Date:
- J	

Submit this petition to collegenow@cocc.edu



College NOW REGISTRATION FORM

STUDENT'S <i>LEGAL</i> NAME					
Last	First	Midd	dle	(Preferred Fi	rst Name)
Mailing A	ddress	City		State	Zip
Date of Birth (mm/dd/yyyy)	GENDER:	MALE	FEMALE	OTHER	
STUDENT'S CELL PHONE:					
STUDENT'S PERSONAL EMAIL: (requiredhigh school issued email w	ill not work)			HIGH SCHOOL ADUATION YE	_ 'AR:
PARENT'S EMAIL:					
	apply to you: onsider yourself of Hispanion or more of following that ap	_	n?	□ Yes □	□ No
Black or Africa	n American	As	ian		
American India	n or Alaska Native Native	Wh	nite		
Hawaiian or O	her Pacific Islander	Otl	her/No Answ	er	
COLLEGE NOW COURSE FEES For example: WR 121 (4 credits) =	· · · · · · · · · · · · · · · · · · ·				
STUDENT FINANCIAL RESPONS I understand and agree that I am final will result in future registration holds. I has been processed	ncially responsible for course f				
STUDENT SIGNATURE				 Date	

RELEASE OF INFORMATION I authorize COCC to release information related to College Now courses and programs to represchool district, and parents/guardians listed below. The information released will be used only College Now program. I understand that revocation of this permission is my responsibility.	
STUDENT SIGNATURE	Date
(Your signature gives COCC permission to follow the above Release of Information.)	
CAN COCC RELEASE INFORMATION TO YOUR PARENTS/GUARDIANS? (OPTIC Release of information allows COCC talk to your parent/guardian(s) about your bill, classes, re	
Enter parent/guardian name(s) and relationships below.	
Parent/Guardian name(s)	
I hereby permit Central Oregon Community College to release any of the following information Academic performance/progress, attendance, class schedule for current term, cumulative crec grades/academic standing, on-campus housing related information (including conduct issues), information/history, student conduct information, veteran's information, transcript pick-up (not vinformation may be released by phone, in-person or in writing to the following individuals (plea have confirmed my COCC identification number and date of birth.	Iit hours, financial aid information, registration activity, payment //alid for ordering transcripts). The
I understand that the information provided in this form is considered private information under Educational Rights and Privacy Act) guidelines. By completing, signing, and submitting this for person authorized to sign, complete, and submit this form per federal privacy laws. This inform party(ies) indicated and this release has no expiration date. I may revoke this release by provide Services This release does NOT authorize others to make any changes to my COCC account courses or request a transcript on my behalf This release is not applicable for the Services for department needs or requirements - students working with the SSD office need to contact that	m, I acknowledge: I am the only nation will be released to the ding a written request to Enrollment /record, including to add/drop Students with Disabilities (SSD)
STUDENT SIGNATURE (Your signature gives COCC permission to follow the above Release of Information.)	Date

NON-DISCRIMINATION POLICY: The goal of Central Oregon Community College is to provide an atmosphere that encourages our faculty, staff and students to realize their full potential. In support of this goal, it is the policy of the Central Oregon Community College that there will be no discrimination or harassment on the basis of age, disability, sex, marital status, national origin, ethnicity, color, race, religion, sexual orientation, gender identity, genetic information, citizenship status, veteran status or any other classes protected under Federal and State statues in any education program, activities or employment. Persons having questions about equal opportunity and non-discrimination should contact COCC's Equal Employment Officer at 541-383-7219.



College NOW REGISTRATION FORM

High School	COCC ID Number (if known)	
Last Name	First Name	Middle Initial

COCC Course	Number of Credits	Fee (\$25 x credits)
Teacher	Class Period	CRN Section No. COCC Use Only