



Name _____ COCC ID _____

Address _____ City/Zip _____ Phone _____

COCC Email address (or other, if COCC email not known) _____

PETITION GUIDELINES – PLEASE READ

COCC's registration and refund policies and deadlines are clearly communicated to students via multiple methods and it is the student's responsibility to ensure the accuracy of his/her class schedule each term and to comply with these published deadlines. Being unaware of college procedures and deadlines does not constitute justification for exception to policy. Information regarding registration policies, procedures, deadlines and changes can be found at <http://current.cocc.edu/policies>.

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 as described below will not affect the time it takes to review your petition, but will potentially decrease the time in receiving a decision on your petition.

Required Steps to completing this form:

1. Complete all sections: Class(es) involved, Reason for petition, Thorough personal statement on back explaining why you feel petition is warranted and should be approved.
2. Attaching documentation from instructor(s) is strongly encouraged if petition is for dropping/adding/auditing classes after the deadline to do so. This documentation is the instructor's choice to provide. Not attending a class does not constitute a drop.
3. Attaching documentation from a doctor, therapist or employer if petition is for medical, clinical or employment reasons is required. If not attached to original petition, you will receive a request for this information before a decision is made.

Incomplete or unclear petitions will be returned to you without review. Petitions are reviewed by the Petition Review Committee within five weeks of submission. Decisions on petitions may take longer depending on research required by the committee.

CLASS(ES) INVOLVED IN PETITION REQUEST:

Course # _____ CRN # _____ Term/Year: _____ Instructor: _____ Course _____

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REASON: MARK THE APPROPRIATE BOX(ES) BELOW:

Drop class(es) with no notation on transcript*	<input type="checkbox"/>	Waive late fee	<input type="checkbox"/>
Drop class(es) with "W" grade on transcript *	<input type="checkbox"/>	Waive tuition or tuition refund**	<input type="checkbox"/>
Add class(es)*	<input type="checkbox"/>	Waive five year science requirement (Nursing)	<input type="checkbox"/>
Change to audit from credit*	<input type="checkbox"/>	Other, please specify:	<input type="checkbox"/>
Change to credit from audit*	<input type="checkbox"/>		

* A written statement from your instructor(s) is strongly encouraged.

** Not attending or ceasing to attend a class does not constitute a drop. If you are petitioning for a refund of a class that you did not attend and did not drop prior to the deadline, a written statement from the instructor is encouraged to verify non-attendance.

CLEARLY AND THOROUGHLY STATE REASONS WHY THIS REQUEST SHOULD BE APPROVED:

I have completed all of the procedures for filing a petition. I understand that forms submitted without complete information will not be considered.

STUDENT SIGNATURE _____ Date _____

**SUBMIT THIS FORM DIRECTLY TO ENROLLMENT SERVICES – RECORDS
COCC, 2600 NW COLLEGE WAY, BEND OR 97701, OR VIA EMAIL
(WELCOME@COCC.EDU) OR VIA FAX (541-318-3700)**

Petitions will be reviewed within five weeks of submission and once a final decision is made, an email will be sent to your COCC email address or other email address provided on the front of this form.