

San Jose City College

Extended **O**ppportunity **P**rogram **& S**ervices

Petition

Date: _____

Semester: _____

Name: _____
Last Name First

I.D #: _____

Phone Number: () _____

E-mail: _____

Please explain the reason for what you are petitioning:

New student trying to get accepted into the program

Completed over 70 units

Academic Progress (failed to complete 75% of classes)

Failed to complete mandatory appointments.

Other: Please explain: _____

Please explain how will you improve your academic progress and/or comply with the Mutual Responsibility contract this semester.

(Please use the back of this page if needed)

Student Agreement

I will not receive a W, NC, or INC in any of my classes

I will pass all my classes with a C or better this semester

I will keep my three (3) appointments with an EOP&S counselor this semester

Student Signature

Date

OFFICE USE ONLY

Petition: **Approved** **Denied** **Comments:** _____

Award: Full Grant

Half Grant

No Grant

Signature

Title

Date