



City College of San Francisco  
OFFICE OF



# City College of San Francisco OFFICE OF ADMISSIONS AND RECORDS

## PETITION FOR ACADEMIC RENEWAL/EXCLUSION

Student Name			Student I.D.
Last	First	Middle	
Address			Birth Date      Phone #
City	State	Zip	Email

Anticipated Graduation Term: \_\_\_\_\_

Graduation Petition submitted to Admissions & Records:    Yes \_\_\_\_\_ No \_\_\_\_\_

**Submit Completed Petition to MUB, 180**

Subject/Course	Semester/Year	Units	Grade	Granted	Denied

Please check box if official transcript(s) from other college(s)/are included.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Counselor (Print name clearly)      & R X Q V Signature (Required)      Date      Phone #      Mailbox

<b>FOR OFFIC</b>