5 (*, 675 \$7, 21 & (17(5 50 Frida Kahlo Way Multi-Use Building, Room 1 · San Francis@A 94112 · (415) - · FA(415) 239-3 · UHJLVWHU@ccsf.edu 3 HWLWLRQ IRU ([FXVHG : LWKGUDZDO

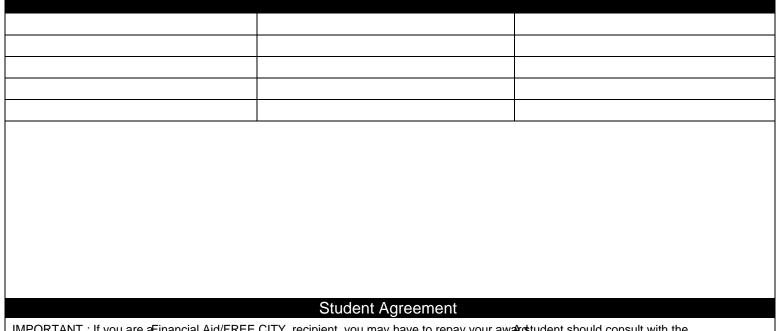
Student Name (Print Last, First, Middle Initial)

Student I.D #

Date of Birth

5HTXHVW IRU ([FXVHG :LWKGUDZDO OLOLWD

Petitions will be accepted up to 2 years after the completo 2 q5d4D39.6 64utiSm (c)4 (e)-2.6 (-2 2 q) (pl)-24 (om)-2r (ft)-2 (e)-2n (i)-2h (ons)2e fty extenuating circumstances submitted along with this



<u>IMPORTANT</u>: If you are a Financial Aid/FREE CITY recipient, you may have to repay your awardstudent should consult with the financial aid staff regarding animpact. Bysigning below, I certify that the information given on, and included with, this petition is truthful and accurate.

Submit petition to 5 H J L V W U D W L R Q & FIFQWV HUG XU H J L V W H U