



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

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