Dismissal Appeal Petition

Last Name: First Name: Student ID Number:

Address :

Telephone Number: LACCD Email:

Please describe and provide evidence for your extenuating circumstances and how those circumstances have changed. You may also submit evidence of significant academic improvement.

Student Signature: Date:

Approval Application Processed Unit Limit Set

Denied Granted By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fall \_\_\_\_\_\_\_ Winter\_\_\_\_\_\_\_

Appeal Committee Chair: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spring\_\_\_\_\_ Summer\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Condition/Comments: