

West Los Angeles College Degree Petition (One petition per request)

Name Middle Name Last		me	Student ID N	Student ID Number:				
	Dat	nte of Birth: Telephone N		umber:				
	Cit	City: State:		Zip:				
	Expected Final Semester:							
	List external transcripts sent to West:							
Student's Signature:			Date:					
Counselor Signature: Cour			selor phone/email:					
Date:								
COUNSELOR USE ONLY								
Additional Documents (i.e. DD-214, Substitution, Exemption)			GE Degree Requirements Met Need N/A					
1.			1. 60 Units of Credits					
2.				2. Must have 2.00 GPA				
3.			3. 12 units residency @ WLAC					
4.			4. Math 125 or higher					
5.				5. English 101				
*Please Attach Additional Documents Listed				6. Natural Science				
P G	PA	7. Social and Behavioral Science						
		8. Humanities						
		9. Language and Rationality						
		Notes:						
		Honors:						
		<u> </u>						
Fi	nal E	nal Evaluation by: Date:						
	P G	Counsel Date: Counsel Date:	Counselor phone/email: Date: ELOR USE ONLY GE Degre 1. 60 Units of 2. Must have 2 3. 12 units res 4. Math 125 o 5. English 101 6. Natural Sci P GPA 7. Social and 3 8. Humanities 9. Language a 10. Health and Alternate Plan Alternate Cata Notes:	Date of Birth: City: State: Expected Final Semester: List external transcripts sent to West: Date: Counselor phone/email: Date: ELOR USE ONLY GE Degree Requirements 1. 60 Units of Credits 2. Must have 2.00 GPA 3. 12 units residency @ WLAC 4. Math 125 or higher 5. English 101 6. Natural Science P GPA 7. Social and Behavioral Science 8. Humanities 9. Language and Rationality 10. Health and P.E. Alternate Plan: IGETC CSU Alternate Catalog: Notes:	Date of Birth: Telephone Number:	Date of Birth: Telephone Number:		