



Southwestern Oregon Community College
Student First Stop Center
ACADEMIC STANDARDS COMMITTEE PETITION
 1988 Newmark Avenue, Coos Bay, OR 97420
 (541) 888-7352 www.socc.edu 1-800-962-2838 ext 7352

Name: _____ **ID:** _____ **Date:** _____

Address: _____ **Phone:** _____

Degree: _____ **Catalog Yr.:** _____ **Yr/Term Grad:** _____

Specify Request (only one request per petition):

Please explain why you believe this petition should be approved (attach additional pages if needed):

Please obtain required signatures before submitting your petition - see instruction sheet

Southwestern Oregon Community College staff only

Advisor please check one - only one request per petition

- | | |
|--|---|
| <input type="checkbox"/> Exception to Policy: Substitution of Course | <input type="checkbox"/> Graduation Application Due Date |
| <input type="checkbox"/> Exception to Policy: Waiver of Policy, Criteria, Date | <input type="checkbox"/> Catalog Year Change for a Prior Year |
| <input type="checkbox"/> Other: | |

Advisor Comments:

Printed name:

Signature:	Recommend Approval: <input type="checkbox"/> yes <input type="checkbox"/> no Date:
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Instructor or Program Director Comments:

Printed name:

Signature:	Recommend Approval: <input type="checkbox"/> yes <input type="checkbox"/> no Date:
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Division Director Comments

Printed name:

Signature:	Recommend Approval: <input type="checkbox"/> yes <input type="checkbox"/> no Date:	Decision applied to all students? (Attach supporting memo if yes) <input type="checkbox"/> yes <input type="checkbox"/> no Catalog years applied to
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Rev. 10/06/05

Committee Comments:

Committee Chair Signature:

Committee Approval: **yes** **no** **Date:**

Additional Committee or Other Comments:

FOR OFFICE USE ONLY:	DATE TURNED IN BY STUDENT:
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Notification of Decision sent to Student

Notification of Decision sent to Financial Aid

Notification of Decision sent to Advisor

Notification of Decision sent to Program Director

Additional Information: