Student Petition Form

☐ FALL 20___
☐ SPRING 20___
☐ SUMMER 20___

Enrollment Services Department
Phone: (951) 465-7887
e-Document Submission: https://msjc.edu/hub/

STUDENT INFORMATION

Name: _____ Student ID#: _____

Email: _____ Phone #: _____

STUDENT STATEMENT

Reason for Request (Attach supportive documentation, if applicable)**:**

_____

_____

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_____ _____
Student Signature **Date**

FACULTY/COUNSELOR/ADMINISTRATOR (OPTIONAL)

Faculty/Counselor/Administrator Recommendations:

_____

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_____ _____
Faculty/Counselor/Administrator Signature (Optional) **Date**