

Admissions & Records

College of the Siskiyous, 800 College Ave., Weed, CA 96094
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Extenuating Circumstance Petition

[AP 5076](#); Title 5 Sections 55024 and 58004

Section I: Student Information

Last Name: _____ First Name: _____ MI: _____

Student ID#: S00 _____ COS Email: _____

This petition is a formal request for an exception to or waiver of college procedures. This petition, if approved, can affect your obligations as a financial aid, scholarship or loan recipient. Check the box below to assure that a copy of this request is forwarded to **Financial Aid**.

Are you currently receiving Financial Aid? Yes No

Did you receive Financial assistance during the semester the petition is applied for? Yes No

Section II: Semester

Fall Winter Spring Summer Year: _____

All courses for the selected term

Specific courses for the selected term

If you are referring to a specific course(s) in your request, please list.

CRN	Course	Units

Clearly state your request and explain the extenuating circumstances in as much detail as possible. Extenuating Circumstances are verified, documented cases of accidents, illnesses, or other circumstances beyond the control of the student (see AP 5076).

Student Signature: _____ Date: _____

Section III: Counselor Recommendation

Student may obtain documentation to support this petition.

Appointment Date: _____ Counselor: _____

After meeting with the student during the time above:

- Recommend Approval
- Recommend Disapproval

This decision is based on the following circumstances:

Counselor Signature: _____ Date: _____

COS Office Use Only

- Approve
- Disapprove

Email sent

Copy sent to Financial Aid

Comments”

