

Admissions & Records

College of the Siskiyous, 800 College Ave., Weed, CA 96094
Phone: (530) 938-5500 - Fax: (530) 938-5367 – Email: registration@siskiyous.edu

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 for substandard work. This petition, if approved, can affect your obligations as a financial aid, scholarship or loan recipient. You can only petition for Extenuating Circumstances twice.

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: _____ (1 year max from term)

☐ All courses for the selected term ☐ Specific courses for the selected term (list below)

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).

I have met with a Counselor or Advisor in regards to my situation. ☐ Yes ☐ No

Counselor or Advisor Name: _____

I certify that all information given above is true and accurate to the best of my knowledge.

Student Signature: _____ Date: _____

COS Office Use Only

- ☐ Approve ☐ Disapprove
- ☐ Email sent
- ☐ Copy sent to Financial Aid

Comments"
