Gavilan College
5055 Santa Teresa Blvd
Gilroy, Ca 95020
Fax (408) 846-4940

ACADEMIC APPEAL PETITION

Please Print

Today's Date: _____ Petition Request For _____ / _____
Term Year

Name: _____ G #: _____
First Name Last name

Email: _____ Phone #: (_____) _____

- Submit this petition along with any supporting documentation to the Admissions & Records Office.
- Your petition will be reviewed by the Academic Appeals Committee.
- A copy will be returned to you (by US Mail) indicating approval or denial, and the reasons and/or the limitations imposed by the Academic Appeals Committee.
- Approval of this petition has no bearing on any decisions made regarding financial aid.

What is the specific and action you wish the Committee to consider? *(Use a separate sheet if necessary)*

Student's Signature _____ Date _____

To be completed by Academic Appeals Committee

Petition is: ☐ Approved ☐ Denied ☐ Additional Information Needed

Rationale: _____

_____ _____
Chair, Academic Appeals Committee Date