



Gavilan College  
 5055 Santa Teresa Blvd  
 Gilroy, CA 95020

## Petition for Exceptions to Registration Policies

(Late Add, Late Drop, Excess Unit & Class Time Conflict)

Name: \_\_\_\_\_ G#: \_\_\_\_\_  
Last Name First Name

Email: \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Semester/Year:  Spring 20 \_\_\_\_\_  Summer 20 \_\_\_\_\_  Fall 20 \_\_\_\_\_

Check if you are:

Receiving Veterans' Benefits\*  Receiving Financial Aid\*  Are an F1 Student\*

*\*Some petitions will be denied in compliance with federal or other regulations related to enrollment status, funding or benefits receipt*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Incomplete petitions will be denied.
- Please write clearly and concisely.
- Late add, late drop, and time conflict requests require Vice President of Student Services approval
- Excess unit requests require Gavilan counselor approval

### INSTRUCTOR VERIFICATION (LATE ADD/LATE DROP ONLY)

#### TO BE COMPLETED BY INSTRUCTOR

**FOR LATE ADD:** Date FIRST attended class: \_\_\_\_\_ Class: \_\_\_\_\_

**FOR LATE DROP:** Date LAST attended class: \_\_\_\_\_ CRN: \_\_\_\_\_

Instructor's Comments: \_\_\_\_\_  
 \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### TO BE COMPLETED BY STUDENT

Student's Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### OFFICE USE ONLY

**(For late add, late drop and time conflict only)**

Approved  Denied  Other Remarks: \_\_\_\_\_

VP, Student Services Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Time conflict and excess unit request on reverse**

**TIME CONFLICT**

**Class information / Currently Registered Class (complete all lines):**

Class: \_\_\_\_\_ CRN: \_\_\_\_\_ Days: M T W R F S U Instructor: \_\_\_\_\_  
Lecture Time: \_\_\_\_\_ am pm TO \_\_\_\_\_ am pm Lab Time \_\_\_\_\_ am pm TO \_\_\_\_\_ am pm

**Course with Conflict and Time(s) being missed (complete all lines):**

Class: \_\_\_\_\_ CRN: \_\_\_\_\_ Days: M T W R F S U Instructor: \_\_\_\_\_  
Lecture Time: \_\_\_\_\_ am pm TO \_\_\_\_\_ am pm Lab Time \_\_\_\_\_ am pm TO \_\_\_\_\_ am pm  
Total time missed weekly: \_\_\_\_\_ Total time missed daily: \_\_\_\_\_

**PLEASE LIST THE SPECIFIC DATES AND TIMES WHEN MISSED CLASS TIME WILL BE MADE UP (Form will not be accepted without this information)**

DATE(S):	TIME(S)	DATE(S):	TIME(S)

Instructor's Signature\*: \_\_\_\_\_

**\*INSTRUCTORS PLEASE NOTE:** Your signature verifies the above information and that you will be present during listed make up times. Instructors must maintain attendance records. These records must be turned into Admissions & Records by final grades deadline. If student will be missing more than two sessions, you must attach chart/spreadsheet with detailed make up dates and times.

**OFFICE USE ONLY**

Approved     Denied     Other

Remarks: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EXCESS UNIT  
(Gavilan counselor approval required)**

Total number of units for term: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_ (Must be 2.5 or above to be eligible)

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date