



# Academic Review Committee Petition

*Enrollment Services*

Student Name (Last, First, MI): \_\_\_\_\_

Palomar ID #: \_\_\_\_\_

Phone Number (w/ area code): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

**Reason(s) for submitting this petition (use the back of the form if necessary):**

*(Specifically state the facts or circumstances which, in your opinion, should be considered by the committee.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student's Signature\*

\_\_\_\_\_  
Date

\*The student's signature authorizes release of student information, which could include personal, non-academic information pertaining to the petition.

**Counselor/Advisor Recommendation:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Counselor/Advisor Signature

\_\_\_\_\_  
Date

----- OFFICE USE ONLY -----

**Action and Recommendation of the Academic Review Committee:**

Approved \_\_\_\_\_  
 Denied \_\_\_\_\_  
 Postponed \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Academic Review Committee Chair

\_\_\_\_\_  
Date

Student Notified \_\_\_\_\_

Student File Updated \_\_\_\_\_