

GENERAL PETITION
San Joaquin Delta College

For office use only:

Name _____ Delta ID _____ Date _____

Street _____

City _____ State _____ Zip _____ Phone # _____

Request: _____

Justification: (Provide Appropriate Documentation If Applicable)

Signature of Petitioner

REFERRAL:

- Instructor Division Office
- Evaluations Other _____

Please review the above request submitted by the student and provide any information pertinent to the request. Thank you.

Please confirm last date of attendance.

Response: _____

Signature _____ Date _____

Please return to the Admissions Office,
De Ricco Student Services Bldg, Lobby

OFFICE USE ONLY

ACTION TAKEN:

- Granted
- Denied
- Other _____
- Comment: _____

Signature _____ Date _____