





COUNSELING DEPARTMENT

3. If approved, submit the petition to the Admissions and Records Office (E1-105 or South Gate Admissions) adhering to the add deadline dates.

Term:  Fall  Winter  Spring  Summer One  Summer Two Year: \_\_\_\_\_

Student ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Counselor Check all those that apply (form will not be processed if left blank):