



EL CAMINO COLLEGE STUDENT PETITION

THIS PETITION MUST BE COMPLETE, LEGIBLE AND SUPPORTED BY DOCUMENTATION TO BE CONSIDERED

NAME _____ DATE _____
(PLEASE PRINT) LAST FIRST MIDDLE

ADDRESS _____
NUMBER-STREET CITY STATE ZIP

PRIMARY TELEPHONE _____ ALTERNATE TELEPHONE _____

EMAIL ADDRESS _____ (students currently enrolled will be contacted at ECC email)

BIRTHDATE _____ STUDENT ID NUMBER _____ SSN _____
MONTH DAY YEAR

STUDENT: Present your request as clearly and briefly as possible below.

COURSE NUMBER _____ COURSE NAME _____ SECTION NUMBER _____

SEMESTER/SESSION (Circle One): Fall Winter Spring Summer YEAR _____

SIGNATURE

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

ACTION TAKEN:

BY _____ D ATE _____