

**Shoreline Community College
Office of the Registrar
PETITION FOR REVIEW OF CIRCUMSTANCES**

Student Name _____ Quarter: SU___ FALL ___ WTR___ SP___
Student ID Number _____ Year: 20___
Address _____ Name of Class/Course _____
_____ zip _____ Item# _____
Daytime Phone (____) _____ Instructor's Name _____
Cell Phone: (____) _____
E Mail address _____

Shoreline Community College is committed to supporting student success. We wish to assist with the college resources that can help achieve academic success.

Students who experience extreme and/or unusual hardship circumstances which may affect their academic status or enrollment at Shoreline Community College, may submit a written statement to the Registrar's Office explaining and documenting their situation.

On the reverse side of this sheet, or on a separate sheet, please describe your situation in detail. You may attach any additional documentation if needed. Place this in a sealed envelope and deliver to the Registrar's Office/Enrollment Services, (206) 546.5834 located on the main level of the FOSS (5000) Building.

OR mail to: Registrar's Office, Shoreline Community College, 16101 Greenwood Ave. N., Seattle, WA 98133

This Section to be completed by Registrar

Date Petition Received:

Appeal Decision: ___ Approved ___ Denied ___ Incomplete-more information needed

Comments/Action: _____

Registrar's Signature: _____

Date: _____

