

**Cuyamaca College
International Student Petition**

Name _____

ID # _____

Address: _____

Phone# _____

Email _____

Major: _____

Goal: _____

Certificate/Associate Degree/Transfer to University

Reason for Petition

- | | |
|---|---|
| <input type="checkbox"/> Permission for Reduced Course load | <input type="checkbox"/> Change Major |
| <input type="checkbox"/> Final Semester | New Major _____ |
| <input type="checkbox"/> Graduating/goal completion | <input type="checkbox"/> Work on campus |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Extension of Stay |
| <input type="checkbox"/> Early Exit | <input type="checkbox"/> Transfer to a different Academic |
| <input type="checkbox"/> Other _____ | Institution |
| <input type="checkbox"/> Permission for over 18 units | <input type="checkbox"/> Take class(s) at a different college |
| <input type="checkbox"/> Non-Normal progress (below 2.0) | <input type="checkbox"/> Optional Practical Training (OPT) |
| <input type="checkbox"/> Other _____ | |

In the space below, please explain the reason for your petition. You may attach any additional documentation you feel important to your petition. Use additional paper if needed.

Student's signature **X** _____ Date _____

Counselors Comments:

Counselor's signature **X** _____ Date _____

Committee Actions: Approved Disapproved Tabled

Comments: _____

Date Rcv'd _____ By _____ Date Processed _____ By _____