



Petition for Registration Policy Exception

ONLY extended illness or conditions clearly beyond the student's control will be considered as reasons for exceptions.

Name		Student ID #	
Address		Phone #	
City	State	Zip	Email

Please provide complete details in support of your request on the back of this petition and be as specific as possible. The Petition Committee can only consider information provided or attached. Statements from faculty in support of this petition must also be included or attached. **Change of Registration forms are required for all actions.**

Policy exception requested for: _____
quarter year

- Credit reduction from _____ to _____ 100% refund 50% refund (50% refund not available in summer)

Credit reduction requires last date of attendance and faculty's signature, **on reverse**, prior to Financial Aid review and signature below.

- Increase credit hours from _____ to _____ total. Requires faculty's supporting statements and signatures, **on reverse**.
- Register after deadline with ___ \$50.00 late fee or ___ \$100.00 late fee.
- Increase credit hours above 16 after deadline. **Requires Dean's signature here** _____
- Late fee to be refunded. Requires supporting statements and signatures, **on reverse**.

Medical: Requires a physician's statement indicating time frame of the medical condition prohibiting student attendance and/or ability to complete work.

Other: _____

Required Office Review

Reviewed by Student Accounts and staff signature : _____

Do you receive Financial Aid? (Grants, Loans, Scholarships) Yes (Financial Aid signature is required)
 No

Reviewed by Financial Aid and staff signature: _____

Sign below and turn in completed form to Registration and Records. Please allow 2 weeks for review and action.

I certify that the included statements are true and correct to the best of my knowledge, and further authorize The Evergreen State College to investigate my statements to any extent believed necessary to arrive at a decision regarding my petition.

Student Signature _____ Date _____

Office Use Only:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Signature: _____	Date: _____
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Student Supporting Statement

Comments:

Faculty Supporting Statement

Last date student attended or participated in class activities: _____ (required prior to submission)

Comments:

Faculty Signature

Date



evergreen REGISTRATION FORM

Please complete ALL fields.

new student on leave continuing

Evergreen ID# **A** _____ Chosen Name _____

Legal Name _____
Last First Middle

Mailing Address _____ City _____ State _____ Zip _____

Phone (____) _____ Alt. # (____) _____ E-Mail _____

FOR OFFICIAL USE ONLY			
<input type="checkbox"/> NonResident	<input type="checkbox"/> Resident	<input type="checkbox"/> UG	<input type="checkbox"/> GR
TOTAL CREDITS _____	Late fee?	<input type="checkbox"/> NO	<input type="checkbox"/> YES \$50 \$100
Student Accounts			
OK to reg? <input type="checkbox"/> YES <input type="checkbox"/> NO _____			
Financial Aid			
Eligibility Review <input type="checkbox"/> YES <input type="checkbox"/> NO _____			

ADD REGISTRATION

OFFERING TITLE	FACULTY SIGNATURE <small>IF REQUIRED OR ADDING AFTER THE QUARTER BEGINS</small>	CRN <small>Course Reference Number</small>	QUARTER <small>Fall, Winter, Spring, Summer</small>	NUMBER OF CREDITS

DROP REGISTRATION

OFFERING TITLE	CRN <small>Course Reference Number</small>	QUARTER <small>Fall, Winter, Spring, Summer</small>	NUMBER OF CREDITS

Emergency Contact _____ Phone (____) _____
Name Relationship

Address _____ City _____ State _____ Zip _____

Evergreen will release directory information such as permanent and local address(es), telephone number, enrollment confirmation and degree if earned, to outside inquires upon request unless you indicate confidentiality. If you wish to keep your information confidential, please ask for the Request for Confidentiality of Directory Information form.

I understand and accept the registration and payment policies of The Evergreen State College.

Signature _____ Date _____

FOR OFFICIAL USE ONLY	
INITIAL _____	DATE _____