

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

Counselors Comments: _____

Counselor's signature _____ Date _____

Committee Actions: Approved Disapproved Tabled

Comments: _____

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