SAN DIEGO CITY COLLEGE PETITION TO CODE OUT W'S

Name: _____   CSID #:_____

Address: _____

_____

Birthdate: _____   Phone: _____   Email: _____

Major: _____   Are you receiving Financial Aid or VA benefits? _____

Has it been at least 10 years since the (W) was received? *(circle one)*   Yes   No

Student Signature:_____   Date: _____

Decision:

Approved ☐   **Denied** ☐

_____   _____

Dean of Student Development and Matriculation   Date

DATE RECEIVED		DATE PROCESSED & STUDENT NOTIFIED
	SAN DIEGO CITY COLLEGE	