



# PETITION TO MARCH PRIOR TO CURRICULAR COMPLETION

This petition requests permission to participate in graduation ceremonies with up to **8 units or 2 classes with labs** lacking. Once completed, this petition must be submitted to the Records Office to be reviewed by the appropriate committee.

- **Petition must be accompanied by a Senior Contract showing a valid plan for completion in the summer term following the spring marching term.**
- Student must have an approved Off-Campus Request for courses intended to be completed off-campus.
  - » Only fixed-date courses will be accepted; self-paced courses and equivalency exams are not permitted.
- Petition must be submitted no later than Friday, Week 4 of Spring Quarter.
- Student must provide proof of registration for all outstanding requirements.
- Requests that exceed the 8-unit or 2-class maximum deficit will not be considered.
- Total transfer credit may not exceed 12 units or 3 classes within the last 56 units of degree completion.
- Students may not petition if they are registered for more than **20 units** in the spring term and are lacking **8 units or 2 classes**.

Last Name	First Name	Phone Number	Student ID#
Street Address and Apt. Number		City	State
Email @LASIERRA.EDU		Major	Bulletin of Graduation
		Minor	Zip Code

Please list incomplete requirements and planned term of completion:

**ALL** requirements will be completed by the end of Summer 20

	YES	NO	ENROLLED
Requirement: _____ Term: _____ Off-Campus: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requirement: _____ Term: _____ Off-Campus: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requirement: _____ Term: _____ Off-Campus: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requirement: _____ Term: _____ Off-Campus: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain your situation below, and give details as to why you are requesting permission to march prior to completing all curricular requirements:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing below, your Advisor/Faculty Mentor indicates that he/she is aware of your situation and supports this request.

By signing below, your Student Financial Services Counselor indicates that you have discussed the financial impacts this decision may have on you.

Advisor/Faculty Mentor Signature	Date	SFS Counselor Signature	Date
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**OFFICE USE ONLY**

DATE: \_\_\_\_\_

COMMITTEE ACTION: \_\_\_\_\_

STUDENT HAS APPROVED SENIOR CONTRACT: YES  NO