

Student Name: _____ Date: _____
Student ID #: _____ Term: ___SU ___FA ___WI ___SP
Address: _____ Title of Class: _____
City, State, Zip: _____ Course # _____ Section: _____
Phone: (____) _____ Instructor's Name: _____
Email Address: _____

PLEASE READ AND SIGN

Students who experience **extreme and/or unusual hardship** circumstances beyond their control which may affect their academic status or enrollment at TVCC may submit this petition. All requests to modify grades must be made directly to the instructor who awarded the grade, even if you never attended the class.

Steps for completing this petition:

- 1) receive and attach to this petition written permission from the instructor(s),
- 2) on the reverse side of this sheet describe your situation in detail.
- 3) submit this petition with attachments to the Vice President of Academic Affairs office located in Barber Hall.

All decisions are final. I have read and agree to the above terms and conditions

X _____
Student Signature

This section to be completed by Vice President of Academic Affairs

Date Petition Received: _____

Appeal Decision: ___ Approved ___ Denied ___ Incomplete

Comments/Action _____

Vice President of Academic Affairs signature: _____

Date: _____

