



**CUESTA
COLLEGE**

Evaluations Office
P.O. Box 8106
San Luis Obispo CA 93403-8106
Phone: (805) 546-3141
Fax: (805) 546-3975
Email: eval@cuesta.edu

**EVALUATIONS
POLICY APPEAL FORM
EXTENUATING CIRCUMSTANCES**

Complete name and address below for return mailing:

Complete petition and attach supporting documentation to verify the extenuating circumstances to support your appeal. Examples may include academic records, course descriptions, or GE patterns from college catalogs, course outlines, etc.

Submit appeal to Evaluations Office. If approved, you will be notified to your Cuesta student email. Allow approximately two weeks to process.

PRINT FULL NAME: _____ STUDENT ID NUMBER: 9 _____
 LOCAL PHONE NUMBER: (____) _____ myCUESTA EMAIL: _____@my.cuesta.edu
 SELECT TERM: SPRING FALL SUMMER YEAR: 20____ PROGRAM/MAJOR: _____

COMPLETE INFORMATION BELOW AS IT APPLIES TO YOUR APPEAL.

I wish to appeal for the following reason(s):

Health Requirement
 Diversity Requirement
 Catalog Rights
 GE Coursework
 Upper Division Coursework
 Graduation Priority Registration Status
 Other _____

Liberal Arts Degrees Only
Substitute Coursework in Area of Emphasis:
 Area of Emphasis courses do not need to be major prep courses per Title V. A major may be defined by the lower division requirements of a specific major at the UC or CSU or 18 credits in a field or related fields selected by the community college.

Course: _____
 School: _____
 Term/Year: _____
 Area of Emphasis: _____

VP Academic Affairs: _____
Date: _____

Please state in your own words your reason for filing this petition then sign/date below. Use the reserve side if you need additional space.

Student's Signature: _____ Date: _____

OFFICE USE ONLY

Approved Denied Comments: _____
 Associate Dean, Records and Financial Aid: _____ Date: _____
 Processed by: (Evaluator) _____ Date: _____