

Comments:__

Staff Initials:_____

Date:_____

Petitions Appeal

Submit completed form by email to ccadmissions@yosemite.edu or, in person to Admissions & Records. Requests sent from a personal email must have a copy of the students ID attached or it will NOT be processed.

I am appealing the decision that has been made on my Student Petition based on the following criteria ONLY:

Please select the reason you o	are appealing your petition	:
☐ 2. Student believes that	at a procedural error has bee at there has been an error m nce that the student would li	ade in interpretation of the evidence.
Note: Student will receive writte has been reviewed.	n notification to their student	email of the decision within 30 business days after the appeal
Student Information:		
Today's Date:		
First Name:	MI:	Last Name:
Student ID: w	Birthdate:	Phone Number:
Semester: ☐ Summer ☐ Fa	all □ Spring Yea	ar:
Course Name:		Section Number:
The following information is statement if needed):	being submitted to suppo	ort my appeal (attach additional documentation and a typed
Student Signature:		Date:
	Office I	Use Only
Reviewed by:	Title	Approved D. Denied D. Date:

9/2025 LB

Posted:_____ Student Notified:_____