



3000 Campus Hill Drive
 Livermore, CA 94551
 Building 700
 Phone: (925) 424-1500
 Fax: (925) 606-6437
<http://www.laspositascollege.edu/admissions>

Office of Admissions and Records

EXTENUATING CIRCUMSTANCES

REQUEST FOR REVIEW

SEMESTER: SUMMER FALL SPRING YEAR _____

STUDENT ID: <input type="text"/>	NAME: (Please Print) Last, First, MI) <input type="text"/>
PHONE: <input type="text"/>	EMAIL: <input type="text"/>

Please state the purpose of your request for review and provide any information that will be helpful to the "Appeals Committee". Attach pertinent documents (medical records, etc.) Request will be reviewed and notification of the final decision within 3 weeks.

STUDENT'S SIGNATURE: _____ **DATE:** _____

Please mail this form to: Las Positas College Attn: Extenuating Circumstances, Bldg 700 or 3000 Campus Hill Drive Livermore, CA 94551	Fax to: Attn:Extenuating Circumstances (925) 606-6437 or	Scan and email: Attn: Extenuating Circumstances lpc-admissions@laspositascollege.edu
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FOR OFFICE USE ONLY

APPROVED DENIED Approved by : _____ Date: _____