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50 Frida Kahlo Way • Multi-Use Building, Room 1 • San Francisco, CA 94112 • (415) - • FAX (415) 239-3 • U H J L V W H U@ccsf.edu

## 3HWLWLRQ IRU ([FXVHG :LWKGUDZD

Student Name (Print Last, First, Middle Initial) | Student I.D # | Date of Birth

**5HTXHVW IRU ([FXVHG :LWKGUDZDO 0LOLWDU**

Petitions will be accepted up to 2 years after the completo 2 q5d4D39.6 64utiSm (c)4 (e)-2.6 (-2 2 q) (pl)-24 (om)-2r (ft)-2 (e)-2n (i)-2h (ons)2e fty extenuating circumstances submitted along with this

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**Student Agreement**

IMPORTANT: If you are a Financial Aid/FREE CITY recipient, you may have to repay your award. A student should consult with the financial aid staff regarding any impact. By signing below, I certify that the information given on, and included with, this petition is truthful and accurate.

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Submit petition to 5HJLVWUDWLRQ &HQWHU