



RIVERSIDE CITY COLLEGE

# EXTENUATING CIRCUMSTANCE PETITION (ECP)

Admissions & Records

This petition is for students who encounter situations involving extenuating circumstances, or emergencies that may affect their educational records & fall outside the realm of normal college policy and procedure. **FAILURE TO BE AWARE OF DEADLINES AND EXPECTED FAILURE IN A COURSE ARE NOT acceptable reasons for filing an Extenuating Circumstances Petition (ECP).** The student bears the burden and is responsible for showing that grounds exist for the Extenuating Circumstances Petition (ECP).

**STUDENTS HAVE ONE YEAR FOLLOWING THE SEMESTER IN WHICH THE GRADE WAS RECORDED TO SUBMIT THIS PETITION. IF PETITION WAS PREVIOUSLY DENIED, DO NOT RESUBMIT.**

## INSTRUCTIONS:

1. Obtain an Extenuating Circumstances Petition (ECP) from the Admissions & Records Office at Riverside City College. If the course was not taken at Riverside it will not be processed; instead it will be forwarded to the appropriate college. You must submit an ECP for each class you are petitioning.
2. Complete the form completely, giving thorough explanation of the circumstances, including dates where possible. Use additional paper if necessary. Missing or incomplete information may delay the petition.
3. Attach documentation supporting your request. **IT IS THE STUDENT'S RESPONSIBILITY TO OBTAIN THE NECESSARY SUPPORTING INFORMATION. INSUFFICIENT DOCUMENTATION MAY RESULT IN A DENIAL OF THE PETITION.** All documentation submitted will remain confidential. (Ex: dated emails, hospitalization, accident, police reports etc...)
4. Attach a copy of your unofficial RCC transcript from WebAdvisor.
5. Return the completed form to the Admissions & Records office where the course was taught. Allow 6 to 8 weeks for processing, all responses will be mailed to you.

Date submitted: \_\_\_\_\_

Received by A&R Staff: \_\_\_\_\_

# Admissions & Records Extenuating Circumstances Petition

Extenuating circumstances are verified, documented cases of accidents, illnesses, or other circumstances beyond the control of the student. Students have one year following the semester in which the grade was recorded to submit this petition. This petition is a formal request for an exception to, or waiver of college procedures.

**Name:** \_\_\_\_\_ **RCCD ID:** \_\_\_\_\_  
Last Name First Name Middle Initial

**Address:** \_\_\_\_\_  
Number and Street Apt# City State Zip

**Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Student Email:** \_\_\_\_\_

This petition, whether approved or denied, may affect your obligations as a financial aid, scholarship or loan recipient. If you are an applicant and recipient of assistance you need to inform Student Financial Services and obtain a signature.

- Are you currently on Financial Aid?  YES  NO
- Did you receive financial assistance during the semester you petitioned?  YES  NO

If you answered YES to any of the above questions you must obtain a signature from Student Financial Services.

\_\_\_\_\_  
Student Financial Services Signature Title/College Date

**Please list specific course information, incorrect or missing information may delay your petition:**

College \_\_\_\_\_ Class Title (e.g., ENG-1A) \_\_\_\_\_ Five-Digit Section Number \_\_\_\_\_ Semester and Year (e.g. Spring 2019) \_\_\_\_\_

Refund    
  Remove W\*    
  Change grade from F to W    
  Request EW (Excused Withdrawal)    
  Remove F

Other: \_\_\_\_\_

**NO PETITION WILL BE CONSIDERED WITHOUT DOCUMENTATION**

**Clearly state your request and explain the extenuating circumstances in as much detail as possible. If necessary, please use additional paper.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\*\* ALLOW AT LEAST 6 TO 8 WEEKS FOR PROCESSING. THE RESPONSE WILL BE MAILED TO YOU. \*\*\*\***

**Faculty Recommendation:**  Approve  Disapprove     Last Date of Attendance: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Instructor/Department Chair/Dean of Instruction Signature Title Date

**\*\*\*\*\* ADMISSIONS & RECORDS OFFICE USE ONLY \*\*\*\*\***

Approved     Disapproved    Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Dean, Enrollment Services Date

<b>A&amp;R Staff:</b>		
Date Received: _____	ID Verified: <input type="checkbox"/> YES <input type="checkbox"/> NO	Meets One-Year Deadline: <input type="checkbox"/> YES <input type="checkbox"/> NO
A&R Staff Initials: _____	Documentation: <input type="checkbox"/> YES <input type="checkbox"/> NO	SFS Signature: <input type="checkbox"/> YES <input type="checkbox"/> NO