

## PETITION FOR CREDIT

**INSTRUCTIONS:** 

- 1. Type or print in black
- 2. Submit petition to the Admissions Office, Room SSA 107

Last Name	First Name				Middle Name	Date
Street Address	City	State	Zip Code		Telephone #	Student ID Number
Fill in completely to ensure proper processing of the petition. Please fill out one petition for each department or discipline. <u>A copy of transcripts and course descriptions must be attached</u> . <u>No Exceptions</u> . Official transcript must be mailed directly to the Admissions Office from the University or College to receive credit.						
Name of College or University where course(s) was completed				-	Department or Discipline	
Course Completed at other College/University & Semester taken       Equivalent LAHC Course         1						
2						
3						
4						
Student Signature		Date				
Division Chairperson Act Deny Grant		ote Comme ote Conditio			Administrative Action Deny  Grant	
Division Chairperson Si	gnature [	Date		Offi	cial's Signature	Date
Comments:						

FOR OFFICE USE ONLY: PETITION NUMBER:

DATE STUDENT NOTIFIED: