



## Dual Enrollment Policy Exception Request

Students are required to complete the following petition in order to be reinstated in the dual enrollment program and are responsible for ensuring your petition has been filed with the SJR State Dual Enrollment office. All petition results will be emailed to the high school guidance counselor and the student's SJR State email address. Both pages must be completed or the petition will be deemed incomplete.

Date: \_\_\_\_\_ REQUIRED - SJR State Email: \_\_\_\_\_

Name: \_\_\_\_\_ SJR State ID # X00 ☐☐☐☐☐☐

High School: \_\_\_\_\_ High School Graduation Date: \_\_\_\_\_

Are you a Collegiate High School student: ☐ yes ☐ no

*I hereby request:*

- ☐ To remain in SJR State's Dual Enrollment Program  
☐ To repeat courses(s) which earned a D (Math or Communications classes only) or F grade.  
List course(s): \_\_\_\_\_  
☐ Other: \_\_\_\_\_

*High School Dual Enrollment Contact Recommendation:*

- ☐ Approve  
☐ Disapprove

DE Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Student Statement: Please briefly explain why you were unable to be successful in your Dual Enrollment classes this past semester. Please do not attach a separate sheet, use the lines provided.*

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*Semester in which you received the W, D, or F* \_\_\_\_\_

*Please check all that apply for the semester you are petitioning:*

- ☐ "W" – Withdrawal from the following classes \_\_\_\_\_  
☐ "D" – Received a D in which classes \_\_\_\_\_  
☐ "F" – Received a F in which classes \_\_\_\_\_

*Total credit hours registered in this semester:* \_\_\_\_\_

I understand that it is my responsibility that my dual enrollment petition is filed with the SJR State Dual Enrollment office in a timely manner. I also understand that based on the recommendation below from the DE Office my schedule for the next semester may be adjusted. I also understand it is my responsibility to contact my high school guidance counselor/DE office to convey appropriate schedule changes in order to be sure my changes are processed accordingly. I further understand that **I am eligible for only one (1) Policy Exception Request** during my Dual Enrollment career.

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

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To be completed by the SJR State Dual Enrollment Office:

*SJR State Dual Enrollment Recommendation:*

Director of Dual Enrollment

- ☐ Approve  
☐ Disapprove

VP for Academic Affairs/CAO

- ☐ Approve  
☐ Disapprove

Initials \_\_\_\_\_ Date: \_\_\_\_\_

Initials \_\_\_\_\_ Date: \_\_\_\_\_

*Recommendations/annotations:*

- ☐ Must earn a "C" or better in all future courses to remain in the Dual Enrollment Program.  
☐ Limited to \_\_\_\_\_ courses during your next term of enrollment \_\_\_\_\_  
☐ Must repeat: \_\_\_\_\_ ☐ Can't repeat: \_\_\_\_\_  
☐ Must sit out one term  
☐ No online classes  
☐ Other: \_\_\_\_\_

Current College GPA: \_\_\_\_\_

Notes regarding adjusted student schedule:

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Date petition results emailed to student & counselor: \_\_\_\_\_