



GENERAL PETITION FOR AB 705 REQUEST

MAILING ADDRESS: PLEASE PRINT CLEARLY

Name
Street
City State Zip Code

STUDENT IDENTIFICATION NUMBER

Grid for student identification number

Student Name:
Birth Date:
Telephone:
EMAIL:

Student Signature Date

All petitions should give a full statement of the reasons for the request and should bear the endorsement of instructors, physicians, or others who are concerned. Attach any supporting documents or evidence which supports your petition.

I HEREBY MAKE THE FOLLOWING REQUEST:

Multiple horizontal lines for writing the request

If additional space is required, please continue on the reverse side of this petition.

COMMITTEE ACTION REPORT

The committee has reviewed your petition and your petition has been:

Granted Denied For the Winter 2019, Spring 2019, Summer 2019, the LACC Counseling Department and Admissions Office will implement MMAP in advance to the AB 705 launch throughout the college and District.

By signing below, I confirm Counselor has advised student of all AB 705 options

Counselor Printed Name:

Counselor Signature: Date:

Admissions & Records Office Use Only.

A&R Signature:
Date: