



PETITION FOR EXTENSION OF PROBATION

Date: _____

APC

JC

Student ID Number: _____ Mobile Tel.: _____ acg.edu e-mail: _____

Last Name: _____ First Name: _____

Major(s): _____ Minor(s) _____

Please allow me an extension of my probation. (You may state below any special reasons).

Student Signature

DECISION

Granted

Rejected

Conditions: _____

No of courses allowed: Fall / Spring Semester: _____ Winter / Summer Session: _____

Courses for Grade Replacement: _____

GPA: _____ or C.I.: _____

By the end of Fall / Spring Semester _____ or Winter / Summer Session _____

Comments: _____

CASP Chair Signature _____