

Petition for Eligibility to Complete IGETC After Transfer

Name _____ ID _____

Address _____

City, State, Zip _____ Phone _____

IGETC Requirements remaining (Maximum 2 courses, excluding Areas 1 and 2)

Good Cause (State why you are unable to complete the requirements before transfer. Attach appropriate documentation, if available.)

Submit this petition to the Counseling Office prior to requesting that final transcripts be sent to transfer institutions. Decisions will be communicated within 10 working days. Contact the (Appropriate College Official) to appeal a decision.

Office Use	Date Filed _____	
Approved	Not Approved	Date of Decision _____
Name _____	Title _____	Signature _____
Appeal Result _____		
Name _____	Title _____	Signature _____
When complete, route to college evaluator.		