



Office of Admissions & Records

3000 Campus Hill Drive,
Livermore, CA 94551
(925) 424-1500 • Fax (925) 606-6437
Email: lpc-admissions@laspositascollege.edu

EXTENUATING CIRCUMSTANCES

REQUEST FOR REVIEW

SEMESTER: SPRING SUMMER FALL YEAR: 20_____

STUDENT ID NUMBER: W

NAME: _____

STREET: _____ APT/UNIT #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (_____) _____ - _____ EMAIL: _____

Please state the purpose of your request and provide any information that will be helpful to the "Appeals Committee". Attached pertinent documents (medical records, etc.) Request will be reviewed and notification of the final decision within 3 weeks.

By signing below, I certify that my refund request form is complete and accurate. I am responsible for knowing the information provided.

STUDENT SIGNATURE _____ DATE _____

Submit this form to: (Attention: Extenuating Circumstances Review Form)
Mail to: Las Positas College, Office of Admissions & Records, 3000 Campus Hill Drive, Livermore, CA 94551
Fax to: (925) 606-6437
Email to: lpc-admissions@laspositascollege.edu

ADMISSIONS OFFICE USE ONLY

APPROVED DENIED APPROVED BY: _____ DATE: _____
DATE STUDENT NOTIFIED: _____ PROCESSED BY: _____ DATE: _____