



PENINSULA COLLEGE

ENROLLMENT EXCEPTION REQUEST FORM

(For those students under the age of 18)

This application must be completed each quarter of enrollment

Check the quarter for which you are applying: ☐ Summer ☐ Fall ☐ Winter ☐ Spring Year _____

Name: _____
Last First Middle

Address: _____
Number/Street City State Zip

Phone: _____ School District: _____

Current grade or class: _____ Peninsula College Student ID # _____

Peninsula College Course(s) desired: _____

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Signature of High School Official _____ Title _____

☐ Course(s) listed has been approved for high school graduation

☐ Student may take course(s) but not for high school credit.

Submit this application in addition to the materials listed on the Checklist for Exceptional Admissions to:

Peninsula College
Attn: Student Services
1502 East Lauridsen Boulevard
Port Angeles, WA 98362

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(This portion is for PC official use only)

Item Number	Dept/Class Name	Course Number	Section	Credits

Comments: _____

_____ Approved

_____ Denied

Enrollment Exceptions Committee Representative Signature

Date