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 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: Cindy Lauderback
1502 East Lauridsen Boulevard
Port Angeles, WA  98362

(This portion is for PC official use only)

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<th>Item Number</th>
<th>Dept/Class Name</th>
<th>Course Number</th>
<th>Section</th>
<th>Credits</th>
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Comments: ___________________________________________________________________________
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_____________________Approved    ________________________Denied

Enrollment Exceptions Committee Representative Signature    Date