

# SET-ASIDE PAST RECORD PETITION FORM



CLARK COLLEGE  
REGISTRATION OFFICE  
1933 Fort Vancouver Way  
Vancouver, WA 98663  
(360) 992-2183

DATE RECEIVED

## CRITERIA

Students may request to set-aside previous substandard academic coursework that does not reflect their true ability. To qualify, students must meet the following criteria:

1. One year has elapsed since the coursework to be set-aside has been completed.
2. A student has earned 15 credits at Clark College since the one-year period has elapsed.
3. A student has maintained at least a 2.50 GPA in the coursework completed since the one year period has elapsed.

Name: _____	Student ID Number
Address: _____	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
City: _____	State: _____ Zip: _____
Day Phone: _____	Evening Phone: _____
Quarter(s) requested to be set-aside: _____	

## PROCESS

If approved, a notation will be made on the transcript reflecting the set-aside status. Under no circumstances will the coursework and/or corresponding grades be erased from the student record. A new GPA will be calculated from the set-aside point forward and will be the only GPA used in determining matters such as probation or academic honors status. Once coursework has been set-aside, it is no longer eligible to satisfy graduation requirements. This includes all coursework taken prior to and up to the quarter specified under this policy. Once the request has been approved, it cannot be reversed. For further details of this policy, please consult the Clark College catalog.

**Students who are receiving financial aid funding should check with Financial Aid staff prior to submitting this form to determine the funding repercussions.**

## DIRECTIONS-READ CAREFULLY

In addition to this petition, students requesting a set-aside must submit the following:  
 **Student Statement:** Please provide a typed, detailed statement that includes a justification of your request.

**Petitions are considered based only on the materials submitted and all decisions are final.**

**➔ STUDENT SIGNATURE:** \_\_\_\_\_ **Date** \_\_\_\_\_

Alternate format of this document is available upon request. Please contact Disability Support Services at (360) 992-2314 or 192.105.5.20 VP

<b>FOR OFFICIAL USE ONLY</b>		
<input type="checkbox"/> # YEARS ELAPSED: _____	# CREDITS EARNED: _____	GPA: _____
<input type="checkbox"/> APPROVED		
<input type="checkbox"/> DENIED		
PROCESSED BY: _____	Date: _____	