



# 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 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

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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