



Petition to Appeal Loss of Enrollment Priority

Name _____
Print Last Name First MI

Student Identification Number _____ Birthdate _____
Month Day Year

Address _____ Email address _____
Number Street

_____ Day Telephone _____
City State Zip

INSTRUCTIONS

Complete ALL of the information requested at the top of this form.

Complete SECTION A if: You are requesting reconsideration of your registration date because of the loss of enrollment priority.

Complete SECTION B to: Certify the information you have provided is accurate and true.

SECTION A – Justification

I am requesting an appeal to the loss of my enrollment priority. I understand that I have to petition and submit supporting documentation with this appeal to prove that I should receive an earlier registration date. The justification for my appeal is: _____

SECTION B – Student Certification

I certify that the information provided is complete, accurate and has been represented to the best of my ability.

Student's Signature _____ Date _____

OFFICE USE ONLY

[] Approved

[] Denied Reason _____

By: _____

Title: _____

Date: _____

Please note: *The only appeals that will be approved are those for students that have extenuating circumstances. Circumstances that constitute grounds for an appeal are defined as:*

- a. Verified cases of accidents, illness, or other circumstances beyond the control of the student (e.g. fire, flood, or other extraordinary conditions).*
- b. Student designating that he/she applied for reasonable accommodation for a disability, but did not receive reasonable accommodation in a timely manner.*
- c. Significant academic improvement, which is defined as achieving no less than a 2.0 semester grade point average in the prior term for which restoration of enrollment priority is being requested.*