

This form is not for Admission Appeals or Financial Aid Appeals

Enrollment Appeal Cover Sheet

The Enrollment Appeal Cover Sheet is only one of three parts. The packet must be complete and submitted in its entirety to be considered. All incomplete appeals will be denied.

Name: _____ **Date:** _____

Date of Birth: _____ **CSI ID#** _____ **Phone #:** _____

Term: _____ **Year: 20** _____ **Course:** _____
 (Prefix) (Number) (Section)

Are you a Dual Credit Student? Yes No

I am requesting (check one):

- | | |
|--|--|
| <input type="checkbox"/> Register after the Add Deadline
<input type="checkbox"/> Drop after the Drop Deadline
<input type="checkbox"/> Withdraw after the Withdraw Deadline | <input type="checkbox"/> Reinstatement after being dropped for not paying
<input type="checkbox"/> Reinstatement after being dropped for not attending/participating in class
<input type="checkbox"/> Academic Suspension |
|--|--|

Attach to this document a **detailed explanation** of the **extenuating circumstance** that led to your situation **AND** attach **related documentation**, such as a doctor's note, an official letter from your school counselor, or a police report. Extenuating circumstances are circumstances that meet **ALL** the following conditions and must be addressed in your explanation:

1. affects your ability to meet established deadlines/standards
2. are life-altering
3. are outside of your control
4. can be corroborated by independent evidence (**MUST BE ATTACHED**)
5. occurred during or shortly before the deadline in question
6. was unplanned.

Submission Checklist:

- The Enrollment Appeal Cover Sheet
- A detailed explanation of the extenuating circumstances of your situation
- Supporting documentation such as a doctor's note, a letter from a counselor, a police report, etc.

Student Signature: _____ **Date:** _____

*Appeal decisions are sent to the student's CSI email account.
 **Submitting an appeal does not guarantee a student's request will be granted.
 ***Minimum 14-day processing

TO BE FILLED OUT BY THE CSI REGISTRAR
 _____APPROVED _____DENIED

CSI REGISTRAR SIGNATURE _____ **DATE** _____