

REGISTRATION APPEAL

Name: _____ CSS ID #: _____

I request permission to _____

CRN# _____ Course _____ Last date of attendance _____

I am requesting consideration of my request for the following reason(s):

Student Signature: _____ Date: _____

Instructor Comments: _____

Instructor Signature: _____ Date: _____

Advisor Comments: _____

Advisor Signature: _____ Date: _____

COMMITTEE ACTION

Approved: _____ Denied: _____ Other: _____

Stipulations or instructions: _____

Authorizing Signature: _____

White: Registrar

Yellow: Advisor

Pink: Student