

**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

THE DATE OF THIS FORM IN THE REGISTRAR'S OFFICE IS THE DATE OF RECORD.

***\*Please retain a copy for your records. You will not receive a copy once processed.***

*online version revised 11/07*