

Enrollment Appeal

This form is to be filled out by the student, not a parent or third party. The form must be filled out completely to be considered.

Name: _____ Date: _____

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

Year: 20____ Term: _____ Course(s): _____

I am requesting:

Enrollment after the Add Deadline

Drop after the Drop Deadline

Withdraw after the Withdraw Deadline

Reinstatement after being dropped for not attending class

Reinstatement after being dropped for not paying

Other: (explain) _____

The form is not for Admission Appeals. To Appeal the Application Deadline contact the Office of Admissions.

In the space below provide a detailed explanation of the extenuating circumstance that led to your current situation **AND** attach related documentation, such as a doctor's note, an official letter from your school counselor, or police report. You may attach additional pages if you need more room.

RESOLUTION

TO BE FILLED OUT BY THE REGISTRAR

____ APPROVED ____ DENIED

EXPLANATION

REGISTRAR SIGNATURE _____ DATE _____