

NAME: _____ STUDENT ID # _____
 PHONE # _____ EMAIL: _____

Submit a separate appeal for each term listed below:
 I am requesting reinstatement for Summer/Fall 20____ or Spring 20____

Areas A & B sign and submit to Admissions & Records

A. I lost Priority Registration &/or BOG Fee Waiver due to 2 consecutive semesters of probation/dismissal status. I am eligible for reinstatement due to one of the following:

- 1. Evidence of extenuating circumstances. Provide a personal statement and documentation of accident, illness, or other circumstances beyond my control.
- 2. Demonstrated significant academic improvement such as achieving the minimum 2.0 GPA and completing more than 50% of units attempted in a semester.
- 3. Documentation that I am a student with a disability who did not receive requested accommodations from DRD in a timely manner OR require priority as an accommodation (***DRD signature required***):

 DRD Dean or Designee Signature (for #3 only) Date

B. I lost my Priority Registration due to having over 100 degree-applicable units. I am eligible for reinstatement due to one of the following:

- 1. High-unit major/program OR I am in my last semester. Attach an education plan for the term listed above (***Counselor signature required***):
- 2. I am a current Disability Resources Department (DRD) student, have attached an Education Plan for the semester listed above, and my written statement explaining how priority registration is a necessary accommodation related to my disability limitations (***DRD signature required***):

 Counselor Signature Date

 DRD Dean or Designee Signature (#2 only) Date

Area C sign and submit to Financial Aid

C. I lost my BOG Fee Waiver due to 2 consecutive semesters of probation/dismissal status. I am eligible for reinstatement due to one of the following:

- 1. An economic situation, such as eviction, job loss or homelessness, etc. Attach evidence which may include items such as eviction, layoff, or termination notices, unemployment statements, or statements from professionals on letterhead stationery, etc.
- 2. Inability to obtain essential support services. Provide documentation such as cancelled appointments, emails and or text messages, and statements from professionals on letterhead stationery, etc.
- 3. I am a current CalWORKs, EOPS, Disability Resources and/or Veterans Affairs student (***Program signature required***):

 Program Designee Signature (for #3 only) Date

Student Signature _____ **Date** _____

► OFFICE USE ONLY:

Approved Denied A&R /Fin Aid Administrator Signature: _____ Date: _____

Comments: _____