



# Mendocino College Priority Registration Appeal

This form is to be completed by a student who believes that there are extenuating circumstances which should be considered in reinstating his/her enrollment priority (AP502.4) or due to significant academic improvement. Extenuating circumstances are defined as verifiable accident, illness, or other circumstances beyond the control of the student. The student must submit a complete appeal package to the Ukiah Campus Office of Admissions & Records no later than November 1<sup>st</sup> for spring enrollment priority and April 1<sup>st</sup> for summer and fall enrollment priority. Incomplete packets will not be considered by the committee and will be returned to the student. Approval of appeal does not guarantee a space in a course.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Student ID# \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Educational Goal(s): \_\_\_\_\_ Transfer Goal (if applicable) \_\_\_\_\_

Semester for Appeal \_\_\_\_\_

The following documents must be included with this completed form:

- 1) A written narrative of your situation
- 2) Documentation of the extenuating circumstance (illness, accident or circumstance beyond your control)
- 3) An Education Plan

Please list the courses you plan to take next semester and how they contribute to your educational goal(s):

Course	Units	Reason for taking course:

I declare under penalty of perjury that all information on this form is true and correct.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY \_\_\_\_\_

Denied  Approved  Incomplete, Returned to Student

Date Reviewed \_\_\_\_\_ Date Student Notified \_\_\_\_\_ Date Priority Entered \_\_\_\_\_

Signature, Dean of Student Services \_\_\_\_\_