



# Registration Appointment Appeal

This form is to appeal your registration appointment date and time. The completed form with ALL required documents should be submitted to the Admissions & Records Office.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

RCCD Student Email Address: \_\_\_\_\_ Home College Location: \_\_\_\_\_

Registration Appeal Term: \_\_\_\_\_ Year: \_\_\_\_\_ Major: \_\_\_\_\_

Attach the following required documents. *(These may be accessed in WebAdvisor).*

- (1) Student Ed Plan (SEP) or Academic Review
- (2) Unofficial Transcript

Reasons for Appeal (check all applicable):

- Continuing Student who attended the previous term
- Significant improvement in academic record within the last major term
- Have/will be applying for graduation or transferring during the following term: \_\_\_\_\_

Explain any other extenuating circumstances. Include any necessary documents to support your appeal:

---



---



---

If you are within twelve (12) units of completing your academic goal at RCCD, list the course(s) you plan to take during the intended term:

Courses	

*I understand that by submitting this form I am NOT guaranteed an earlier registration date. I also understand that this is a one-time exception; if approved, a new registration appointment is for the intended term only. Subsequent appeals will not be considered at any of the three colleges at RCCD. I confirm that all of the information I have presented above is true and accurate.*

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

<b>FOR OFFICE USE</b>		<div style="border: 2px solid black; padding: 10px;"> <p><b>DATE STAMP</b></p> <p><b>A&amp;R STAFF:</b></p> </div>
_____ XROI Attached	<b>Approved</b> _____	
_____ STRK Prior Successful Appeals	<b>Denied</b> _____	
_____ ATRT Acad. Stand.	<b>Reason:</b> _____	
_____ Student Contacted	_____	
_____ <b>Director, Enrollment Services (or designee)</b>		