

## Enrollment Appeal Cover Sheet

*The form is not for Admission Appeals or Financial Aid Appeals.*

**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):** \_\_\_\_\_

|  | PREFIX | NUMBER | SECTION |
|--|--------|--------|---------|
|--|--------|--------|---------|

**I am requesting (check one):**

- |  |   |
|--|---|
| <input type="checkbox"/> Enrollment after the Add Deadline<br><br><input type="checkbox"/> Reinstatement after being dropped for not attending/participating in class<br><br><input type="checkbox"/> Reinstatement after being dropped for not paying | <input type="checkbox"/> Drop after the Drop Deadline<br><br><input type="checkbox"/> Withdraw after the Withdraw Deadline (no refund)<br><br><input type="checkbox"/> Other: (explain) _____ |
|--|---|

Attach to this document 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. Extenuating circumstances are circumstances which meet **ALL** of the following conditions and must be addressed in your explanation:

1. affects your ability to meet established deadlines/standards;
2. are life-altering;
3. are outside of your control;
4. can be corroborated by independent evidence (**MUST BE ATTACHED**);
5. occurred during or shortly before the deadline in question
6. was unplanned

**RESOLUTION**

TO BE FILLED OUT BY THE CSI REGISTRAR

\_\_\_ APPROVED \_\_\_ DENIED

**EXPLANATION**

**CSI REGISTRAR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_