

This form is not for Admission Appeals or Financial Aid Appeals

Enrollment Appeal Cover Sheet

The Enrollment Appeal Cover Sheet is only one of three parts. The packet must be **complete** and **submitted in its entirety to be considered**. All incomplete appeals will be denied.

Name: _____ Date: _____

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

Term: _____ Year: 20 _____ Course: _____
 (Prefix) (Number) (Section)

Are you a Dual Credit Student? Yes No

I am requesting (check one):

- Register after the Add Deadline
- Drop after the Drop Deadline
- Reinstatement after being dropped for not paying
- Reinstatement after being dropped for not attending/participating in class
- Withdraw after the Withdraw Deadline

If you are requesting a drop after drop deadline from **all your courses and receive financial aid, you must attach a decline aid form with your appeal.*

Attach to this document a **detailed explanation** of the **extenuating circumstance** that led to your situation **AND** attach **related documentation**, such as a doctor's note, an official letter from your school counselor, or a police report. Extenuating circumstances are circumstances that meet **ALL** 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.

Submission Checklist:

- The Enrollment Appeal Cover Sheet
- A detailed explanation of the extenuating circumstances of your situation
- Supporting documentation such as a doctor's note, a letter from a counselor, a police report, etc.

Financial Aid Recipients: I understand requesting a drop after the drop deadline may result in a repayment of funds to CSI if my appeal is granted.

Student Signature: _____ Date: _____

*Appeal decisions are sent to the student's CSI email account.
 **Submitting an appeal does not guarantee a student's request will be granted.
 ***Minimum 14-day processing

TO BE FILLED OUT BY THE CSI REGISTRAR	
_____ APPROVED _____ DENIED	
CSI REGISTRAR SIGNATURE _____	DATE _____
Rev 12/2024	