



Request to Waive Academic or Progress Disqualification

Name: _____ Student ID Number _____

Address: _____

Phone Numbers: (day) _____ (evening) _____

Student Appeal

1. List any extenuating circumstances, which led to unsatisfactory academic or progress performance and state how those circumstances have changed.

2. State your academic objective (certificate, A.A., transfer)

3. Request to register for ___ FALL ___ SPRING ___ SUMMER

Student Signature

Date

To be completed by counselor: Counselor Recommendation

APPROVED DENIED

Comments: _____

Counselor Signature

Date

Please schedule a counseling appointment and submit this form to counselor during appointment.