Irvine Valley College     Appeal for Loss of Registration Priority
Office of Admissions and Records
5500 Irvine Center Drive, Irvine, California  92618 (949) 451-5461

This appeal applies for the following semester:  ☐ Fall 20_____  ☐ Spring 20_____  ☐ Summer 20_____  

<table>
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<tr>
<th>Student’s Name – Last, First, MI</th>
<th>Student ID Number</th>
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Eligibility Requirements:
Students may file an appeal only in the following circumstances. Please check the one that applies to you.

☐ Students with disabilities who applied for reasonable accommodations, but did not receive services in a timely manner.

☐ Students who have made significant academic improvement where they meet the minimum grade point average and/or progress standard to be removed from academic or progress probation.

☐ Students who have exceeded 100 units of degree-applicable courses, but have not completed their declared program in a high unit major.

☐ Students who have experienced extenuating circumstances (verified cases of accident, illnesses or other circumstances beyond the student’s control)

☐ Students who have a specific situation that warrants consideration (i.e. in last term at SOCCCD and needs one specific course to graduate or transfer).

Instructions: This form is to be completed by the student and submitted to the Office of Admissions and Records for review. An email response will be sent within 3 business days (not including the day this petition is submitted). Please check your email accordingly. The appeal is term-specific and approval of an appeal does not guarantee enrollment in specific courses. All decisions are final.

Attach the following (All documents are required; incomplete appeals will not be accepted.)
1) Typewritten statement explaining your circumstances and why you believe your priority should be reinstated/granted (one page maximum).
2) A copy of your academic plan from MAP.
3) Documentation to support your extenuating circumstances
4) Applies to DSPS students only: Verification from the DSPS Office that an accommodation was applied for but was not received in a timely manner.

I understand that by submitting this form I am NOT guaranteed an early registration date. I confirm that all of the information I have presented above is true and accurate. I understand that all appeal decisions are final.

Student Signature:_______________________________________________ Date:_____________________________

For Office Use Only:
Comments: _______________________________________________________________________________________
_________________________________________________________________________________________
________________________________________

☐ Approved    Appt. updated to: _____________
☐ Denied      Date/Time _____________________

Dean of Enrollment Services     Date

SIS Priority Entered     Date       Initials

Student notified by:       Initials     Date