

*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):**

- |   |   |
|---|---|
| <input type="checkbox"/> Register after the Add Deadline      | <input type="checkbox"/> Reinstatement after being dropped for not paying                           |
| <input type="checkbox"/> Drop after the Drop Deadline         | <input type="checkbox"/> Reinstatement after being dropped for not attending/participating in class |
| <input type="checkbox"/> Withdraw after the Withdraw Deadline |   |

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 that requesting a drop after the drop deadline may result in the repayment of funds to CSI if appeal is granted.

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

Advisor's 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 \_\_\_\_\_

## Decline Federal Student Aid Form

SY \_\_\_\_\_

Student Name \_\_\_\_\_ CSI ID# \_\_\_\_\_ Phone# \_\_\_\_\_

Current Address \_\_\_\_\_

I am withdrawing from CSI and wish to decline my financial aid for the following semester(s):

☐ Fall 20\_\_☐ Spring 20\_\_☐ Summer 20\_\_

I do not wish to accept any post-withdrawal disbursements of my federal financial aid. If I have not received my federal money, please cancel all of my aid (grants, loans, etc.) for the indicated semester(s) as I have completely withdrawn from classes. **I understand that I may need to repay financial aid funds received this semester and that my student loans will be affected by my withdrawal.**

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

## \*OFFICE USE ONLY\*

☐ Exit Counseling/Questionnaire/Confirmation page☐ Sign and copy Withdrawal Form☐ Confirm address /phone number in Student☐ Last date of attendance☐ SAP Status \_\_\_\_\_

- ☐ Comp % \_\_\_\_\_
- ☐ Max Credit

☐ Comment and put student on hold

- Remind student that the hold will remain until R2T4 calculations are completed.
- Cancel 2<sup>nd</sup> disbursement of loan
- Remind student that a reinstatement and loan request will be needed

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_