Office of the Registrar
Phone: (208) 732-6795
Email: Records@csi.edu
www.csi.edu/Registrar

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

Enrollment Appeal Cover Sheet

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/Term : _____20_____ **Course(s):** _____
PREFIX NUMBER SECTION

I am requesting (check one):

- ☐ Academic Suspension
- ☐ Enrollment after the Add Deadline
- ☐ Reinstatement after being dropped for not attending/participating in class
- ☐ Reinstatement after being dropped for not paying
- ☐ Drop after the Drop Deadline
- ☐ Withdraw after the Withdraw Deadline (no refund)
- ☐ 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

*Appeal decisions are sent to the student's CSI email account.

**Submitting an appeal does not guarantee a student's request will be granted.

TO BE FILLED OUT BY THE CSI REGISTRAR

____APPROVED _____DENIED

CSI REGISTRAR SIGNATURE_____ DATE_____