Appeal of Loss of Enrollment Priority

This form is to appeal your loss of enrollment priority. Incomplete forms will be denied.

Please submit this form to the Admissions and Records Office PRIOR to Priority Registration. This form must be resubmitted every semester/term in which priority registration has been lost.

GCC ID# _____ **Last Name:** _____ **First Name:** _____ **MI:** ____

GCC Email: _____ **Phone: ( )** _____**-** _____

What is your major (course of study): _____

I am appealing my loss of priority registration for the following semester/term: _____

Check at least one (1) box below. ***You must submit supporting documentation for each item checked.***

- ☐ A student with a verified disability who did not receive an accommodation in a timely manner. (**Attach a letter from DSPS Office**).
- ☐ Significant Academic and/or Completion improvement for the last semester enrolled with at least a 2.00 GPA or 50% completion rate (**Meet with a counselor and obtain counselor's signature below**).
- ☐ A student who has a justifiable reason for completing 100 degree applicable units at Glendale College, such as a high impact course of study. (**Attach either a copy of your Financial Aid Contract OR meet with a counselor and obtain counselor's signature below**).
- ☐ Extenuating circumstances are verified cases of accidents, illnesses or other circumstances beyond the control of the student (GCC Administrative Regulation 5055) (**Attach a typed narrative of your extenuating circumstance and supporting documentation**).
- ☐ Final semester at Glendale Community College (list courses below) (**Attach acceptance letter or proof of submission of admission application from your transfer institution**). **Enter course (s) required to graduate/transfer:**

Course Name	Course Number	Course Name	Course Number

Counselor's Printed Name and Signature: _____ **Date:** _____

I declare under penalty of perjury that all information on this form is true and correct.

Student Signature: _____**Date:**_____

FOR OFFICE USE ONLY

☐ **GRANTED** ☐ **DENIED** **Semester:** _____

Comments:_____

_____

Director, Admissions & Records Signature: _____Date:_____

Student notified on: _____By:_____

Appeals for the loss of priority enrollment will be approved pursuant to the provisions of Glendale College AR 5055, Education Code Sections 66025.8 and 66025.9, and Title 5 Sections 58106 and 58108.