



## Enrollment Priority Registration Appeal

### Instructions to Student:

- Read the information below to determine appeal request.
- **Complete appeal.** Make sure you fully describe the reason for your request. Counselors (general, EOPS, CalWORKS, DSPS) are available to help you complete this form if needed.
- **Attach required supporting documentation and background information** necessary and reasons for your request, including supporting documentation provided by physician or employer or other appropriate person(s).
- **Obtain supporting signature** if needed. See reverse side of this form.
- **Submit** completed appeal to Admissions and Records office.
- You will be notified by **email** whether your appeal was approved or denied.

**Appeal results are not discussed via telephone.**

The appeal process for De Anza College enrollment priority will be available to students only during specified periods during the fall, winter, and spring quarters.

---

### Types of Priority Registration Appeals

#### **Extenuating Circumstances** (Title 5, §55045, §58161)

- Extenuating circumstances are verified cases of **accidents, illness, or other circumstances beyond the control of the student**. Official supporting documentation is required.

#### **Excessive Units** (Title 5, §58108)

- 150 unit limit categories of students, including but not limited to, those enrolled in high unit majors or programs. Districts may allow students who have demonstrated significant academic improvement to appeal the loss of priority registration status.

#### **Significant Academic Improvement**

- Significant academic improvement, which is defined as achieving no less than a 2.0 semester grade point average in the prior term for which restoration of enrollment priority is being requested.

#### **Enrollment Below Full-Time**

- Students who are not enrolled full-time in classes, minimum **12 units**.

#### **Disability Accommodation** (Title 5, §56006, §56027)

- Where a student with a disability applied for, but **did not receive** accommodations for this disability in a timely manner.
- Has priority registration as an accommodation.

**If the reason for your request does not meet one of the above criteria, you are not eligible to appeal for priority enrollment. This process will take up to 5 business days to implement so please keep this in mind when submitting the form.**



### Priority Registration Appeal (to change enrollment date)

Students who have lost priority registration and have been moved to open registration may appeal to have it reinstated based on verifiable evidence of factors outside their control. This is a **one-time** reinstatement of priority registration.

If the reason for your request does not meet one of the criteria below, you are not eligible to appeal your registration.

**Please mark the reason for the appeal you are requesting:**

- Extenuating Circumstances** – Provide evidence of extenuating circumstances such as verified cases of accident, illness, or other circumstances beyond your control. Attach a **typed** student statement and documentation (e.g. physician’s note, police report, military orders, etc.).
- Excessive Units (Beyond 150 units)** – Students must have a Comprehensive Education Plan in DegreeWorks developed with a counselor detailing remaining required coursework to complete your goal.

Counselor Comments \_\_\_\_\_

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

- Academic and/or progress improvement** – Students who lose their priority enrollment due to academic or progress probation must **demonstrate** significant academic improvement to appeal the loss of priority registration status. Evidence of such improvement is defined as achieving no less than the minimum GPA (2.0) and progress standard (less than 50%) for the quarter. Attach a **typed** statement and a printout of your transcript with your GPA.
- Enrollment Below Full-Time (12 units)** – Students enrolled in less than full time. Student must meet all other enrollment priority requirements (e.g. placement, orientation, and completed education plan). Attach a **typed** statement explaining why you need to change your registration date for this quarter only and your education plan with the counselor’s signature.
- Disability Accommodation** – Please check one of the boxes below and attach a written statement explaining how priority registration is a necessary accommodation related to disability limitations and/or an explanation of circumstances leading to loss of priority registration. Include an educational goal and courses needed to complete goal in the statement. You will need **signed approval** from Disability Support Programs and Services Dean required below.
  - Priority registration as accommodation.
  - Loss of “good standing” due to accommodations not being received from DSPS in a timely manner.

DSPS Dean Statement: \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

---

**Step 1: Complete the following contact information.**

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_  
Address \_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone/Text# \_\_\_\_\_ E-Mail \_\_\_\_\_

**Step 2: Please mark the Quarter(s) and Year affected by appeal.**

**Quarter:**  Fall     Winter     Spring     Summer    **Year** \_\_\_\_\_

**Step 3: Attach Required Supporting Documentation.**

- Typed, written statement if required.
- Official verification of extenuating circumstances.
- Copy of your current DegreeWorks education plan developed with a counselor.

**Step 4: Read and Sign the Statement Below.**

I understand that I will be notified by email only from an Admissions and Records Office staff person if my appeal has been approved or denied. If approved, the registration date will be changed to reflect my new enrollment priority, prior to the first date of registration for the subsequent term.

I understand that I am only allowed a **one-time** reinstatement of my priority registration at De Anza Community College.

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

**Step 5: Submit Completed Appeal Form and Supporting Documentation to the Dean, Enrollment Services.**

<b>Completed by Dean, Enrollment Services</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied, insufficient documentation	
<b>Quarter:</b> <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <b>Year</b> _____	
Comments _____ _____	
Signature _____ Date _____	
Date sent to Enrollment Services _____	