



# Loss of Enrollment Priority Appeal

Read the instructions for this form carefully before submitting your appeal!

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Solano CC Email Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**IMPORTANT: You must attach a typed narrative of the reasons for this appeal required along with documentation of any extenuating circumstances. Failure to do so will result in a denial of your appeal.**

### How to Appeal the Loss of Enrollment Priority:

- Students who have completed orientation, assessment, and developed a student education plan are granted registration priority. However, this priority is lost at the first registration opportunity after a student is placed on academic or progress probation for two consecutive semesters or has earned 90 or more degree-applicable units at Solano.
- You must attach a typed narrative of the reasons for the appeal and required documentation. Appeals submitted without sufficient documentation will be denied.
- In order to receive enrollment priority for the next semester, your petition must be submitted at least (1) week before the start of priority registration.
- Submit all documents to admissions@solano.edu
- Please allow for 5 business days to your appeal to be reviewed.

### Enrollment Priority Appeal (check one if applicable)

Academic or Progress Probation due to extenuating circumstances (e.g: verified illness or other circumstance beyond your control). Attach verifying documentation (doctor’s statement, police accident report, etc.)

I have been making significant academic improvement by completing my last semester with a GPA of 2.00 or higher and completing more than 50% of my attempted semester coursework.

I have a verified disability and applied for an accommodation that I did not receive in a timely manner. Attach verifying documentation from the Accessibility Services Center (ASC).

I have exceeded the limit of 90 earned degree-applicable units for extraordinary reasons as detailed in the attached narrative.

*I declare under penalty of perjury that all information on this form is true and correct. If this appeal is granted, I understand that I will again lose enrollment priority if I fail to make satisfactory academic progress.*

Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY	Committee Review Date: _____
Committee Recommendation: Approve____ Deny____	Semester GPA: _____ Cumulative GPA: _____
Recommended Support Services/Follow-Up: _____	
Authorized Administrator’s Signature: _____	Date: _____