



## Priority Registration Appeal

Only students with 100+ degree-applicable units completed at the Peralta Community College District may appeal

- Complete this form; attach supporting documentation and take to a counselor.
- Counselor will forward the form to the Office of the Vice President of Student Services for approval.
- Vice President's Office will notify the student and forward the form to Admissions and Records for priority reinstatement.
- Allow five (5) days for processing.

Name:

\_\_\_\_\_  
Last First Middle

Address:

\_\_\_\_\_  
Street City State Zip code

\_\_\_\_\_  
Student ID or last 4 digits of SSN Email Phone

Semester for which you are requesting priority registration: \_\_\_\_\_

**If the appeal is granted, the appeal does not guarantee enrollment in specific courses. The appeal is term specific and if approved allows previous priority in group #2 as defined by PCCD AP 5055.**

\* A copy of your current Student Education Plan (SEP) must be attached

Reason for Appeal:

- Extenuating Circumstances: verified illness, accident or circumstances beyond my control. (Documentation must be attached).
- Extenuating Circumstances: due to disability. **\*\*Form must be completed by a DSPS counselor**

Explain: \_\_\_\_\_

Final semester at PCCD and I need specific courses to graduate or transfer. List the specific course(s) required to complete graduation or transfer: \_\_\_\_\_

The course I need is only offered once per year. List the name of the course: \_\_\_\_\_

I must register in a specific course(s) that is part of a required sequence. List the name of the course: \_\_\_\_\_

I must register in a specific course that is required for my employment. (Documentation must be attached).  
Job Title: \_\_\_\_\_ List the name of the course: \_\_\_\_\_

Other (list the specific reason & name of course(s): \_\_\_\_\_

Write a detailed statement explaining why it is important that you be granted priority registration. You may continue your statement on the reverse side of this form, or add additional paper if necessary. *Do not leave blank.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Office Use Only

Approval Recommended  Denied Recommended \_\_\_\_\_  
Signature, Counselor

Approved  Denied \_\_\_\_\_  
Signature, Vice President of Student Services or Designee