CCCD PETITION TO REINSTATE PRIORITY REGISTRATION AND/OR CALIFORNIA COLLEGE PROMISE GRANT(CCPG) ELIGIBILITY

Instructions: Students are assigned registration appointments in accordance with the Coast Community College District (CCCD) Board Policy #5055 and Administrative Procedure #5055. Students will lose priority registration due to unit cap and/or not meeting academic progress standards (completion of more than 50% of courses attempted and maintaining a cumulative 2.0 GPA). Students will also lose eligibility for the California College Promise Grant due to not meeting academic standards. Students may submit this appeal form for consideration of reinstatement of priority registration and/or CCPG eligibility. Exceptions that will be considered may include one of the following:

- Extenuating circumstances
- Students with disability and educational/functional limitations who did not receive timely, reasonable accommodations
- Significant academic and/or progress improvement
- Enrolled in a high unit course of study
- Significant impact of economic situation (CCPG only)
- Not having received essential support services (CCPG only)
- Special consideration for CALWorks, EOPS, DSPS or Veteran Students (CCPG only)

You may submit one petition per semester within the Coast Community College District (CCCD). The petition decision will apply at all three colleges (CCC, GWC, OCC) for that semester.

Please note: Approved petitions are valid for only one semester. Denied petitions cannot be appealed (you may petition for the next semester).

STEPS:

1. Complete student section and attach supporting documentation. Supporting documentation must be specific and related to at least one of the categories listed above. Petitions submitted without documentation will be denied.
2. Submit your petition to the Enrollment Services/Admissions & Records Office at the college you are attending (CCC, GWC, or OCC).
3. You will be notified via your student email once a decision has been made on your petition.

CCCD PETITION TO REINSTATE PRIORITY REGISTRATION AND/OR CALIFORNIA COLLEGE PROMISE GRANT(CCPG) FEE WAIVER

To be completed by student		
First Name:	Last Name:	
Student ID:	CCCD Email:	Phone:
Course of Study (Program):	Semester:	

✓ Check all that apply ✓

I am requesting reinstatement of:

☐ Priority Registration

☐ California College Promise Grant Fee Waiver (CCPG)

College for which reinstatement is being requested: **Coastline** ☐ **Golden West** ☐ **Orange Coast** ☐

Reason for filing petition

☐ I have had extenuating circumstances (Approval is based on evidence of unavoidable extenuating circumstances beyond student's control, such as a death in the immediate family, serious accident, hospitalization, etc. To be considered, you MUST provide documentation, which may include medical documents, death certificates, funeral programs, etc.).

☐ I provided all the necessary documentation to the Disabled Students Programs & Services (DSP&S) Office to verify my disability and educational/functional limitations but did not receive timely, reasonable accommodations.

☐ I am a returning student and have significant academic improvement since my last academic or progress probation (Please attach transcripts from other colleges showing academic progress).

☐ I am enrolled in a high unit program of study. My program is: _____

☐ I have a change in my economic situation. (CCPG only) Documentation must be provided

☐ I was unable to obtain essential support services. (CCPG only) Documentation must be provided

☐ I am requesting special consideration because I am a (PLEASE CIRCLE TO WHICH GROUP YOU BELONG): CALWorks, EOPS, DSPS, Guardian Scholars or Veteran Student (CCPG only). Documentation must be provided supporting the factors for special consideration.

Supporting documentation

Please explain the circumstances for which you are submitting this petition (Attach a separate document if necessary to complete your statement):

Signature

I understand that this petition is subject to approval before I am eligible for priority registration, and/or receiving CCPG.

Signature:_____ Date: _____

---- For office use only ----	
Form Received:	Documents attached:
Received by:	Noted in SGASTDN:
Decision	
☐ Approved ☐ Denied	Approved by:
Date:	Signature:
Date:	Signature:
Date:	Signature:
Notes/rationale:	
Enrollment Center / Admissions & Records processing	
Updated in SGASTDN:	If approved , appointment reinstated on SFARGRP:
Student notification date:	Processed by:
For DSPS office use only	
☐ Student applied for services and received timely, reasonable accommodations.	
☐ Student has not applied for services.	
☐ Student applied for services, but did not submit the necessary documentation to verify disability and educational/functional limitations for accommodations.	
☐ Student applied for services and submitted the necessary documentation, but did not receive timely, reasonable accommodations.	
Name of DSPS Personnel:	
Signature:	Date:
For Financial Aid office use only	
Comments:	
Name of Financial Aid Personnel:	
Signature:	Date:
Other Comments/ Recommendations	
Comments:	
Name:	
Signature:	Date: