



Please type or print in BLACK ink only.

INSTRUCTIONS: Please complete Section 1 and Section 2, and return to Student Services. You must have the Instructor's approval to re-enter a class. Send completed form to: registrar@cgcc.edu

Section 1 – Student Information

Student Name _____ CGCC Student ID # _____ - _____

Course Number/Name _____ Instructor _____ Term/Year _____

Student Signature _____ Date _____

Section 2 – Reason for Request

Section 3 – For CGCC Staff ONLY

Appeal Review: Approved Denied Denial Reason _____

CRN _____ Documentation _____

Comments _____

Section 4 – For CGCC staff ONLY

Chief Student Services Officer (if needed) Approved Denied Denial Reason _____

Signature _____ Date _____

Section 5 – For CGCC staff ONLY

Chief Academic Officer (if needed) Approved Denied Denial Reason _____

Signature _____ Date _____

Section 6 – For CGCC staff ONLY

Instructional Director (if needed) Approved Denied Denial Reason _____

Signature _____ Date _____