Peralta Community College District
Admissions and Records

Berkeley City College
College of Alameda
Laney College
Merritt College

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 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*

Rev. 4/17/2020 Date/initials student notified: _____ Date/initials priority entered: _____