



LOSS OF PRIORITY REGISTRATION APPEAL FORM

Please print clearly and legibly – Return completed petition and proper documentation to Admissions & Records (SS-1 10) or by **email to admissions@sbcc.edu**.

NAME _____ SBCC ID K _____

CONTACT PHONE # _____ TERM _____

SBCC E-MAIL _____@pipeline.sbcc.edu

I am requesting a one-time reinstatement of my priority registration for the following reason(s):

Check all that apply.

Extenuating Circumstances

Approval is based on evidence of extenuating circumstances, such as verified cases of accident, illnesses, or other circumstances beyond your control. You must provide documentation, which may include such items as medical documents, death certificates, newspaper articles, statements from professionals on letterhead paper, etc.

I have a disability and require priority registration as a disability related accommodation

Contact Disabled Student Programs andn02 cl.2 (v)4.1 (i)3.1 (c)e1 (s)-8 (on()-6.1 1(ti)4S1 (P)2PndA)412.2 (f)iord paitemente