

Riverside Community College District COTOP APPEAL

This form is for students who received a letter from the RCCD Controller regarding outstanding fees and wish to file an appeal due to documented extenuating circumstances. Students are required to drop themselves from classes if they choose to not attend. Extenuating circumstances are verified, documented cases of accidents, illnesses, or other circumstances beyond the control of the student. No appeal will be considered without proper documentation.

Student:

Name: _____ Student ID #: _____
Last First M.I.

Address: _____
Street City State Zip

Email: _____ Phone: _____

Please list the specific course/s and semester/s in your request:

Semester: _____ Semester: _____ Semester: _____
College: _____ College: _____ College: _____
Course: _____ Course: _____ Course: _____
Section #: _____ Section #: _____ Section #: _____

Reason you are submitting petition, check all that apply:

Remove fees Remove W's Remove/Change Grade Other (brief explanation) _____

Clearly state your request and explain the extenuating circumstances in as much detail as possible. If necessary please use additional paper and include documentation. Allow at least 3 weeks for processing. Your response will be mailed to you.

Student's Signature: _____ Date: _____

INSTRUCTOR/DEPARTMENT CHAIR/DEAN OF INSTRUCTION RECOMMENDATION USE ONLY:	
<input type="checkbox"/> Recommend Approval <input type="checkbox"/> Recommend Disapproval	Comments _____
_____ _____ _____	
Instructor/Department Chair/Dean of Instruction Signature: _____	Date _____

ADMISSIONS & RECORDS OFFICE USE ONLY

Approved Disapproved

Comments: _____

Dean/Director Signature: _____ Date _____