COLLEGE OF SOUTHERN NEVADA
Student Appeals Petition Request

Student ID Number or Social Security Number: _____

Name: _____
Last First MI

Phone # _____ E-mail _____

Address: _____
Street City State Zip Code

Please select one of the three options below

☐ **1. Academic Suspension** (Completed registration card and Academic Plan obtained from a counselor must be attached to appeal)

☐ **2 Reinstatement or Late Registration** (Permission to Enroll form signed by both instructor and department chair or designee must be attached to appeal)

☐ 3 **Refund/pardon of fees:** Please select all applicable options from the approved criteria below for appeal (for additional information please review the current CSN catalog)

- ☐ Death of immediate family member; with supporting documentation attached
- ☐ Extended incapacitation or hospitalization of student; with supporting documentation attached
- ☐ Involuntary job transfer; with military orders or valid supporting documentation attached
- ☐ Late notification of denial to a specific degree program; with supporting documentation attached
- ☐ Verifiable institutional error by CSN
- ☐ Student recalled in support of a national emergency in accordance with NSHE policy; with supporting documentation

Semester/Year _____ Class/es _____

Please explain in detail the circumstances which support your petition pertaining to your request. Note classes which have not been withdrawn will not be considered for Refund appeals. Please attach additional explanation if necessary along with required documentation

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_____ _____
Student Signature Date submitted

Office of the Registrar
6375 W Charleston Blvd W16D
Las Vegas, NV 89146
(702) 651-5610

FOR COMMITTEE USE ONLY

_____ _____
APPROVED **DATE** **DENIED** **DATE**