



COLLEGE OF SOUTHERN NEVADA Student Appeals Petition Request

DATE: _____

SOCIAL SECURITY / STUDENT NUMBER: _____

NAME: _____
Last First M

STREET ADDRESS: _____

CITY / STATE / ZIP CODE: _____

TELEPHONE NUMBER: _____

A. Please specify the reason for your petition by checking all that apply:

- Academic Suspension
- Refund Policy _____
semester class(es)
- Reinstatement due to non-payment _____
semester class(es)
(subject to late fee rules as outlines in the class schedule)
- Other

B. Please explain in detail the circumstances which support your petition pertaining to your request. Note: Please provide supporting documentation.

Student's Signature

Date

Charleston Campus
Sort Code W16D
6375 West Charleston Boulevard
Las Vegas NV 89146-1164
(702) 651-5610

For official use only:			
_____ Approved	_____ Date	_____ Denied	_____ Date