



# REGISTRATION/MEDICAL APPEAL FORM

Fill out this form completely. Attach all supporting documentation for the type of appeal you are requesting – attendance verification/communication with instructor, doctor’s note, Drop/Add/Withdrawal Form, etc. Return to Enrollment Services Office by the deadline provided on the website where you retrieved this form.

**TERM:**

- Fall
- Spring
- Summer
- 20\_\_\_\_\_

**CAMPUS:**

- Florissant Valley
- Forest Park
- Meramec
- Wildwood

ID# **A**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

STLCC Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Appeal:       Registration       Medical

Please list ALL supporting documents you have included: \_\_\_\_\_

I have reviewed and understand the Registration/Medical Appeals process. I am submitting this appeal for review      Signature \_\_\_\_\_      Date \_\_\_\_\_

**OFFICE USE ONLY** (Reviewer will complete for committee review)

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Part of Term & Last Dates of Attendance for courses:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FINANCIAL AID:**

Financial Aid     Yes     No

**STUDENT ACCOUNT INFORMATION:**

\_\_\_\_\_TSAAREV      Balance Due: \_\_\_\_\_

\_\_\_\_\_SOAHOLD/Payment Plan     Yes     No

**GENERAL INFORMATION:**

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMITTEE DECISION:**

APPROVED       DENIED

RATIONALE: \_\_\_\_\_  
\_\_\_\_\_