CCCD PETITION TO REINSTATE PRIORITY REGISTRATION AND/OR & $ / ,) 2 5 1 , $ &

&

---- For office use only ----	
Form Received:	Documents attached:
Received by:	Noted in SGASTDN:

Decision	
☐ Approved ☐ Denied	Approved by:
Date:	Signature:
Date:	Signature:
Date:	Signature:
Notes/rationale:	

Enrollment Center/Admissions & Records processing	
Updated in SGASTDN:	If approved , appointment reinstated on SFARGRP:
Student notification date:	Processed by:

For DSPS office use only
☐ Student applied for services and received timely, reasonable accommodations.
☐ Student has not applied for services.
☐ Student applied for services, but did not submit the necessary documentation to verify disability and educational/functional limitations for accommodations.
☐ Student applied for services and submitted the necessary documentation, but did not receive timely, reasonable accommodations.

Name of DSPS Personnel:	
Signature:	Date:

For Financial Aid office use only	
Comments:	
Name of Financial Aid Personnel:	
Signature:	Date:

Other Comments/ Recommendations	
Comments:	
Name:	
Signature:	Date: