Riverside Community College District COTOP APPEAL

This form is for students who have received a letter from the RCCD accounting services manager-regarding outstanding fees and are filing an appeal. If you decided not to attend course(s) and were not dropped from the course, you may have received a substandard grade or "W" and owe fees. It is the students' responsibility to drop themselves from the course if they decide not to 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:		SSN or Student ID #:			
Last Address:	First		M.I.		
Street		(City	State	Zip
Home Phone:		Cell Phone:			
Please list the specif	ic course/s and s	emester/s in you	ır request:		
Semester:		Semester:_		Semester:	
College:		College:		College:	
Course:		_ Course:		Course:	
Section #:		Section #:_		Section#:	
Clearly state your r	equest and expl	ain the extenua	ting circumsta	nces in as much deta	ation)il as possible. If necessary essing. Your response will
Student's Signature:_				Date:	
INSTRUCTOR/I	DEPARTMENT (CHAIRPERSON/I	DEAN OF INST	RUCTION RECOMME	ENDATION USE ONLY:
□Recommend Appro	val Recommend	d Disapproval	Comments		
Instructor/Department	Chairperson/Dean	of Instruction Signa	ature:		Date
	ADI	MISSIONS & R	ECORDS OFF	FICE USE ONLY	
		\Box Approved	□Disapprov	ed	
Comments:					