Office of Enrollment Services, 4000 Lancaster Mailing Address: PO Box 14007, Salem, OR 97 Phone: 503.399.5001 Email:		DR	Chemeketa Community College
Course Repeat Appeal			
need to retake this particular cou a. Please note: <u>Only one</u> b. This plan must be emai <b>2.</b> Submit the completed to Enrollm	m, you must set an appointment with ful in the course during the term (stud irse. <u>course can be appealed to be rep</u> led from your advisor's Chemeketa e ent Services <u>no later than 10 busines</u> r <b>review by this deadline, or your a</b>	ly skills, tutoring, limited eated for a particular te email to registrar@cheme ss days before the term y ppeal will be denied.	course load etc) and why you <u>erm</u> . eketa.edu
Student ID (K#): K	Date	:	]-
Name:			
Last,	First,	Mid	dle
Address:			
Street,	City,	State	Zip
Course Subject & #:	Term:		ke the course (example Fall 2018)
Describe how you have addressed Please use a separate sheet of paper if you need mod		be successful in this	s course:
	Advisor/Counselor U		
Advisor Name: Review Student's GPA (cumula Email the success plan to <u>regis</u>		GPA: Last	lan Date: Term GPA: eta.edu)
	Enrollment Services Offic	ce Lise Only	
Deferred and Deadline Date	: Approved		Decision Date:

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