

CREDIT COMPLETION WARNING 2 APPEAL

Student Name (print): _____

S#: _____ Phone#: _____

Email: _____@student.cccs.edu

Note: Your official CCD email account is the only email CCD will accept for correspondence.

Students on **Warning 2** will receive a communication regarding their credit completion status and will have a credit completion registration HOLD placed on their CCD student account until they meet with an Academic Advisor.

To be completed by student:

I _____, have been placed on “**Warning 2**” for attempting at least 9 credit hours and having a cumulative course completion rate less than 50% for the second time. I am submitting this form to request that my HOLD be removed and that I be allowed to register for two classes for the _____ semester. I will agree to the following steps to raise my completion rate.

I understand that I will be approved under the following conditions discussed below. Please read and initial each box.

_____ I have been approved to take 2 classes for the _____ semester, _____.

_____ I will report to my Academic Advisor and turn in a monthly progress report which will be due on the 15th of each month.

_____ I will be required to attend one workshop held by the Resource Center located in CHR 141 and will call 303-556-4964 to discuss options with a Retention Specialist.

_____ I am aware of my personal responsibility to adhere to the **Warning 2** requirements. If the requirements are not completed, I understand that I will be placed on **Warning 3** Credit Completion status.

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I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.

Student Name (print): _____

Student Signature: _____ Date: _____

Advisor Recommendations (please also record comments and decision on SPACMNT in Banner). The requirements listed above have been discussed with the student. The student understands if their status does not improve this semester, they will go into “**Warning 3**” status which could result in having to complete a **Warning 3 appeal**.

The student is Approved to take courses for the semester.

The student is Not Approved for the semester.

Requesting Advisor Name (print): _____

Advisor Signature: _____ Date: _____