

## 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 15<sup>th</sup> 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.

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: \_\_\_\_\_