

ESL ASSESSMENT COURSE RECOMMENDATION STUDENT APPEAL FORM

Name: _____ ID#: _____ Date: _____

Current Address: _____
 Street City State Zip

Phone: _____ Best Time/Day to Call: _____

Is this your first semester at Cuesta? Yes ___ No ___ Date assessment test taken: _____

Course placement being appealed (i.e., course in which computer says you should enroll):

Course Number	Description

Course in which you desire to enroll: _____
 Course Number Description

Counselor recommendation (if appropriate): Please state reason that you believe this student will be successful.

Counselor Signature Date

A written essay is required as part of the appeal process. Please be prepared to spend approximately one hour for the writing sample when submitting your appeal. Photo ID is required.

Additional items attached to this appeal:

Assessment Test Scores Written Essay

Transcripts Supporting Letters/Scores

Other: Specify _____

Final action taken: Approved Denied

Retake: Retake

Comments:

Division Chair Date