ENGLISH 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) ____________

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Course in which you desire to enroll: ________________________________________________________

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** Please write a one-page letter on the back of this form stating the reasons for your appeal. **
(Please include your age and your grade point average in college or high school.)

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

Counselor Signature   Date

Items attached to this appeal:

- Essay Score __________
- Cuesta Transcripts
- Personal Letter
- Other Transcripts
- Assessment Test Scores
- Supporting Letters/Scores
- Other: Specify __________

Final action taken:   □ Approved   □ Denied
Retake:               □ Retake
Comments:             __________________  __________________

Division Chair   Date

ENGAPPEAL
Rev 10/09