

REGISTRATION APPEAL

JOB LOSS VERIFICATION FORM



A Registration Appeal is a petition filed by the student to be withdrawn past the published deadline due to a personal extenuating circumstance that occurred during the semester. This form is for students who have lost their job through no fault of their own. Employer verification is required to confirm that the job loss occurred under those circumstances.

STUDENT INFORMATION AND RELEASE

(To be completed by the student.)

I authorize the release of my employment records to Salt Lake Community College to provide details relevant to my appeal, such as grades and class schedule, to my employer (named below) as needed to accurately evaluate my request.

Student's Name: _____

Student's ID Number: _____

Student's Signature: _____ Date: _____

EMPLOYER VERIFICATION

(To be completed by the supervisor or HR department.)

Date the job separation occurred: _____

MM/DD/YYYY

Did the student lose their job due to no fault of their own? Yes ____ No ____

Brief description of the reason for job separation (e.g. restructuring, budget cuts):

Comments:

EMPLOYER INFORMATION AND SIGNATURE

(To be completed by the supervisor or HR department.)

The Salt Lake Community College Registrar's Office may contact you to confirm that the information provided on this form is not fraudulent or altered, or to obtain clarification regarding the appeal.

Printed Name: _____ Title: _____

Company/Institution/Organization Name: _____

Email: _____ Phone: _____

Signature: _____ Date: _____