

Undergraduate Closed Class Appeal Request

Data Entry by: _____

Data Entry Date: _____

Office of the Registrar
1900 Selwyn Avenue
Charlotte, NC 28274
704-337-2242
Fax 704-337-2218

*To ensure accurate data entry
please provide all the requested information and print clearly !*

**BE SURE TO CHECK YOUR MYQUEENS SCHEDULE WITHIN 2 BUSINESS DAYS
TO ENSURE THIS REQUEST HAS BEEN PROCESSED.**

**APPROVED FORMS MUST BE RECEIVED BY THE OFFICE OF THE REGISTRAR
PRIOR TO 6:00PM ON THE LAST DAY TO ADD CLASSES**

Term _____ Year _____

Last Name First Name Middle Initial Queens ID Number (Required)
(this is not your Social Security Number)

IMPORTANT ...
WE MUST BE ABLE TO CONTACT YOU!
Cell Phone Number _____

Acceptable Reasons for Request:

1. Junior and Senior students who must have the course **this term** to graduate on time.
2. Students majoring in that subject and need the course as a pre-requisite for other courses and must have the course **this term** in order to stay on track.
3. Students with VERY COMPELLING CIRCUMSTANCES that require they take the course **this term**.

Reason for Request (see legend above)	Course (ENGL 101 A 001)	Cr Hrs	Grade Type	Course Title	Days/ Times	SIGNATURE(S) REQUIRED (based on type of exception requested - see list above)
						Advisor: _____ Dept Chair: _____ Instructor: _____
						Advisor: _____ Dept Chair: _____ Instructor: _____
						Advisor: _____ Dept Chair: _____ Instructor: _____

Student's Signature: _____ Date: _____

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