Office of the Registrar
13800 Biola Avenue, La Mirada, CA 90639
Ph: (562) 903-4720 Fax: (562) 903-4896
registrar@biola.edu

REGISTRAR APPEALS FORM

Student Name (Last, First): _____Student ID#:_____

Phone Number: _____Biola Email_____

Subject of Appeal: _____

Reason(s) for Appeal (for additional space, use back of form):

_____

_____

_____

_____

_____

_____

_____

_____

Student Signature: _____ Date:_____

Office Use Only

☐ Petition Approved ☐ Petition Denied ☐ NSC/time status change

Reason for Decision: _____

_____

Signature:_____ Date: _____ Student Notified: _____