



Date Received: _____

College Now! Appeal

Valid only for requested semester/term *Enter Semester and Year* _____

If you believe that the matriculation procedure or service is being applied in a discriminatory manner, an appeal may be filed. On the second page of this form, please write a descriptive statement explaining the reason for your appeal. Attach a copy of your high school transcript and AHC transcript (if applicable) and any pertinent documentation to support your request as to why you wish to take a course(s) at AHC. A letter of recommendation from a high school administrator or high school counselor is highly recommended.

Procedure:

1. **Complete** the appeal.
2. **Submit** completed form, along with College Now Petition for Enrollment and transcripts to the Admissions and Records office or by email to collegenow@hancockcollege.edu
3. **Notification:** Students will be notified via student e-mail of the decision by the office of the Dean, Student Services. The review process takes up to 5 working days.
4. **If approved**, you will be cleared to enroll.

TO BE COMPLETED BY THE STUDENT, please type or print clearly using black or dark blue ink:

Full Name

Student Signature & current date

H

Allan Hancock College Student ID Number

10 digit phone number

Personal E-mail Account

Appeal requested: Check the option(s) that applies to you.

*If approved, College Now students may take a maximum of 6 units per semester.

_____ Freshman/Sophomore Eligibility

_____ High School not in allowable county

_____ Grade Point Average (GPA)

_____ Excess Units: How many units for the term? _____

Fees are not waived for CN students enrolled in 12 or more units. If approved for 12 or more units, YOU must pay all fees.

List ALL requested courses in the semester in which you wish to enroll:

Course Name (i.e. ENGL 101) _____
Units

Course Name (i.e. ENGL 101) _____
Units

Course Name (i.e. ENGL 101) _____
Units

Course Name (i.e. ENGL 101) _____
Units

Signatures Required:

Parent/Guardian Signature

Date

High School Administrator Signature/or Designee

Date

Continue to the second page

Student Name: _____

Student ID#: H _____

Write a detailed statement explaining why it is important to approve this appeal. *Do not leave blank.*

-- TO BE COMPLETED BY THE DEAN OF STUDENT SERVICES

Approved

Denied

Comments:

Signature, Dean of Student Services or designee

Date

FOR OFFICE USE ONLY:

Notification: _____
Date

Initials

Appeal Entered: _____
Date

Initials