



**Concurrent Enrollment/College Now! Appeal**

Valid only for requested semester/term

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** this appeal form (you must also submit the **Concurrent Enrollment/College Now!** Petition for Enrollment and a copy of your HS transcripts.)
2. **Submit** completed form, along with your Concurrent Enrollment Petition to your high school counselor.
3. Your high school counselor will submit the appeal and petition to AHC.
4. **Notification:** Students will be notified via email of the decision by the office of the Dean, Student Services. The review process takes up to 5 working days. (If you do not hear from the Counseling Department within 5 working days, you may call 805 922 6966 ext. 3293 to determine the outcome of your appeal.)
5. **If approved**, you will be registered.

**TO BE COMPLETED BY THE STUDENT** (please print clearly using dark ink and do not leave any section blank):

Full Name

Student Signature and Current Date

H  
AHC Student ID#

Semester Student is Requesting Appeal

Personal E-mail Account

Student's 10-digit Phone Number

**Matriculation procedure or service being appealed:** Check the option(s) that applies to you.

AHC Grade Point Average (GPA); if approved, students may take a **maximum of 6 units** per semester.

Excess Units: If approved, how many total units for the semester are you requesting: \_\_\_\_\_

**IMPORTANT: Fees are not waived for CE students enrolled in 12 or more units.**

**If approved for 12 or more units, YOU MUST pay all fees.**

List ALL requested courses for the semester in which you are enrolling:

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

Appeal and required signatures continue on back



Student Name: \_\_\_\_\_

AHC Student ID Number H \_\_\_\_\_

**Signatures Required:**

\_\_\_\_\_  
Parent/Guardian Signature and Date

\_\_\_\_\_  
Approved High School Administrator Signature and Date

**To be completed by the student.**

Write a **detailed** statement explaining why it is important to approve this appeal. *Do not leave blank. (you may use additional paper if necessary)*

**TO BE COMPLETED BY THE DEAN OF STUDENT SERVICES/ COUNSELING:**

**Approved**

**Denied**

Comments:

\_\_\_\_\_  
Signature, Dean of Student Services or designee

\_\_\_\_\_  
Date

**FOR AHC OFFICE USE ONLY:**

Student Notified: \_\_\_\_\_  
Date & Initials

Appeal Entered: \_\_\_\_\_  
Date & Initials