



### 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 to the office of the Dean, Student Services/ Counseling by the scheduled deadline. Refer to the counseling website under "Important Dates".
3. **Notification:** Students will be notified via myHancock student e-mail of the decision by the office of the Dean, Student Services/ Counseling. 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.)
4. **If approved**, you will be cleared to enroll.

**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

\_\_\_\_\_ @my.hancockcollege.edu  
AHC Student E-mail Account

\_\_\_\_\_ Student's Phone Number

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

- |  |  |
|--|--|
| <input type="checkbox"/> Freshman/Sophomore Eligibility*   | <input type="checkbox"/> Out-of-District High School |
| <input type="checkbox"/> Grade Point Average (GPA)*  | <input type="checkbox"/> Other                       |
| <input type="checkbox"/> Excess Units: If approved, how many total units for the semester are you requesting: _____<br>(if approved for 12 or more units, the enrollment fee is no longer waived, and all fees are applicable) |  |

\*If approved, College Now students may take a maximum of 6 units per semester. If a course requires an English or math placement, you are required to take the START assessment in our Testing Center.

**List requested courses:**

\_\_\_\_\_ 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 continues on back



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

AHC Student ID# 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/ Counseling or designee

\_\_\_\_\_  
Date

**FOR AHC OFFICE USE ONLY:**

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

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