



Date Received: _____

High School Enrichment Appeal

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 High School Enrichment (HSE) Petition for Enrollment and transcripts by email to ahcappeals@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. *Please note: Without an appeal, HSE students may take a max of 11 units per term. Fees are not waived for Non-CCAP students enrolled in 12 or more units and student will be responsible to pay ALL fees.*

_____ AHC Grade Point Average (GPA) under 2.0

_____ High school not in allowable county (not located in Santa Barbara or San Luis Obispo Counties)

_____ Excess units (above 11): Units requested? _____

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