



Date Received: _____

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** the appeal.
2. **Submit** completed form to the office of the Dean, Student Services by the scheduled deadline. Refer to the counseling website under "Important Dates".
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 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. If a course requires an English or math placement, you are required to take the START assessment in our Testing Center.

_____ Freshman/Sophomore Eligibility

_____ High School not in allowable county

_____ Grade Point Average (GPA)

_____ Excess Units: If approved, how many units _____

If approved for 12 or more units, YOU are responsible to pay all fees

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

Signatures Required:

Parent/Guardian Signature

Date

High School Administrator Signature

Date

Continue onto 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