



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:

- Complete** this appeal form (you must also submit the **Concurrent Enrollment/College Now!** Petition for Enrollment and a copy of your HS transcripts.)
- Submit** completed form to the office of the Dean, Student Services/ Counseling by the scheduled deadline. Refer to the counseling website under "Important Dates".
- 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.)
- 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"/> AHC 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: _____
(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