



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 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. 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

Personal E-mail Account

Student's 10-digit 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 that was not fulfilled by courses completed at your high school, you may be 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 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