



NAME: _____

ADDRESS: _____

_____ Check box if new address

EMAIL: _____

HCC ID#: _____ PHONE #: _____ MAJOR: _____

(Seven digits)

INSTRUCTIONS:

1. CONTINUE CLASS ATTENDANCE until you receive notification from the Appeals Committee in writing.
2. This form must be COMPLETELY filled out or it may be returned to you. Return it with supporting documentation to the Office of Records, Registration & Veterans' Affairs; RCF-233; 10901 Little Patuxent Parkway; Columbia, MD 21044.
3. To ensure privacy and security, decisions will not be released by telephone or email.

YOU WILL RECEIVE OFFICIAL NOTIFICATION BY MAIL.

	NAME OF COURSE	COURSE NO.	SECTION #	INSTRUCTOR'S NAME	SEMESTER/YEAR
<i>EXAMPLE:</i>	<i>ACCT</i>	<i>111</i>	<i>101</i>	<i>Mr. T. Test</i>	<i>FALL 2010</i>
Please					
fill					
out					
completely -					
Follow					
example					

Yes No VA Educational benefits recipient?

It is the student's responsibility to notify the VA Coordinator of any registration changes.

Yes No Financial Aid recipient?

Yes No Employer Tuition Assistance recipient?

Yes No FACTS Payment Plan participant?

REASONS FOR PETITION

Please indicate below the reason(s) you are requesting a petition. You may also provide a **typed** statement on a separate sheet of paper and attach it to your petition. Please be as clear and concise as possible and provide supporting documentation as applicable. Form and letter must be signed by student.

REASONS: CHECK APPROPRIATE REASON(S) AND EXPLAIN BELOW:

- _____ 1. Personal Illness (*Dated medical documentation must be included*)
- _____ 2. Personal or Family Issue (*Please describe and include documentation of event(s) with dates, newspaper articles, court documentation, etc.*)
- _____ 3. Misunderstanding of College policy
- _____ 4. Military deployment (*Provide military order documentation*)
- _____ 5. Other _____

ACTION REQUESTED – CHOOSE ONE

- Refund Request
- Change of registration status to Withdraw (no refund)
- Other

APPEALS MUST BE SUBMITTED NO LATER THAN THE END OF THE SEVENTH WEEK OF THE NEXT FULL SEMESTER.

STUDENT'S SIGNATURE: _____

(Petition Must Be Signed)

DATE: _____

Please do not write below this line.

APPEALS COMMITTEE ACTION

ACCEPTED: _____ DENIED: _____ OTHER: _____

COMMENTS: _____

