Registration Appeal

Appeals must be submitted no later than the end of the seventh week of the next full term. Fill out this form completely, include a statement on a separate sheet of paper, and provide supporting documentation. Appeals will not be considered without documentation. Submit the appeal packet by email: register@howardcc.edu. Your appeal results will be emailed to the email address you provide on this form. Please note: a non-failing grade cannot be appealed.

Student Name ___________________________ HCC Student ID Number _______________________

Phone Number ___________________________ Area of Study ________________________________

Are you a financial aid recipient? ☐ Yes ☐ No

Are you an HCC student athlete? ☐ Yes ☐ No

Are you a VA education benefits recipient? ☐ Yes ☐ No

Student Address

_____________________________________________________________________________________

☐ Permanent address on file will be updated. Check if address is for appeal decision mailing only.

Action Requested

☐ Retroactive drop to the refund period

Any reduction in your credit load may result in a reduction in your financial aid and/or military/veterans benefits. As a result, you may owe money to HCC or the DoD/VA.

☐ Retroactive Withdraw (no refund)

Any reduction in your credit load may result in a reduction in your financial aid and/or military/veterans benefits. As a result, you may owe money to HCC or the DoD/VA.

Course Information (example: Term Spring 2019; Course ACCT 111; Section 511)

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<th>Term</th>
<th>Course</th>
<th>Section</th>
<th>Still Attending: Yes No</th>
<th>Last Date Attended:</th>
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Reason For Appeal

Please indicate the reason you are requesting an appeal. Provide a clear, concise, and typed statement on a separate sheet of paper and attach it to your appeal. Provide supporting documentation; appeals will not be considered without it. The appeal and letter must be signed by the student.

☐ Illness of student or immediate family member. (Immediate family includes a child, parent, spouse, or other regular member of the student’s household.) Dated medical documentation must be included; medical documentation will be destroyed after review.

☐ Pregnancy or pregnancy-related issue. Dated medical documentation must be included; medical documentation will be destroyed after review.

☐ Personal or family issue: describe and include documentation of event(s) with dates, newspaper articles, court documentation, etc.

☐ Military deployment: provide official military orders.

Student Signature ___________________________ Date __________________

Office Use Only

Appeals Committee Action

Accepted _______  Denied _______  Other _______

NSLDS Reporting Date ________________  Financial Aid Review ________________

Comments
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