



Howard Community College Office of Records, Registration & Veterans' Affairs [RRVA]
 10901 Little Patuxent Parkway
 Columbia, MD 21044

Staff Use Only	
<input type="checkbox"/>	Completed Form
<input type="checkbox"/>	Personal Statement
<input type="checkbox"/>	Backup Documentation
Staff Initials _____	
Date Received _____	

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 at the address above or email: register@howardcc.edu. 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 a VA education benefits recipient? Yes No

Are you an HCC student athlete? 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)

Term _____	Course _____	Section _____	Still Attending: Yes No	Last Date Attended: _____
Term _____	Course _____	Section _____	Still Attending: Yes No	Last Date Attended: _____
Term _____	Course _____	Section _____	Still Attending: Yes No	Last Date Attended: _____
Term _____	Course _____	Section _____	Still Attending: Yes No	Last Date Attended: _____
Term _____	Course _____	Section _____	Still Attending: Yes No	Last Date Attended: _____
Term _____	Course _____	Section _____	Still Attending: Yes No	Last Date Attended: _____
Term _____	Course _____	Section _____	Still Attending: Yes No	Last Date Attended: _____

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.

- Misunderstanding of college policy.

- 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		

