



HOWARD

COMMUNITY COLLEGE

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

Staff Use Only

☐ Completed Form
☐ Personal Statement
☐ 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 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	ID Number
Phone Number	Area of Study
Email	
Are you a financial aid recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you an HCC student athlete? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a VA education benefits recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No	Office/Staff Member that referred you to the registration appeal process:

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.
- ☐ 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
