



ACADEMIC APPEAL REQUEST FORM

This form is used to exercise your right of appeal to academic policies, requirements, etc. Please carefully read and follow the directions in the information section of this form. For further information please refer to the Student Handbook, Academic Record Appeal Procedure, or the Appeals Procedures in the HCI College catalog. This form must be submitted by the student, through the student center, by mail, by fax, or mail once completed. This is NOT the appropriate form for additional appeals related to Financial Aid, Satisfactory Academic Progress, or prior dissatisfaction with the course content or instructor.

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

LAST FOUR SSN _____ PHONE NUMBER _____ CAMPUS _____

INSTRUCTIONS

Before the student begins the appeal process, it is important to remember that the student is responsible for meeting deadlines, policies, and financial obligations. Extenuating circumstances with supporting documentation might allow for exceptions. The student submits an Academic Appeal requesting an exception, it is the student's responsibility to provide documentation and justification for consideration by the Academic Appeals Committee. The committee will review an Academic Appeal only one time. A re-appeal of the same request will not be accepted by the Academic Appeals Committee. The decisions made by the committee are final.

For Academic Record Appeal to be considered the following must be provided:

STEP 1: Completed Academic Appeal Form

STEP 2: Typed letter of explanation, written and signed by the student (limited to one page). The following information are examples of questions to help assist student in writing the letter

- x What is the student requesting?
- x What happened to create the situation?
- x When did it happen?
- x How did it impact the student?

STEP 3: Documentation Examples (Please check all that have been included):

- Doctor's note (on letterhead with their signature)
- Hospital/medical facility records, appointments, medical bills
- Letter from Therapist/Social Worker/Counselor (on letterhead with their signature)
- Death Certificate, Obituary, funeral, or memorial service program

- Military orders
- Letter from Employer (on letterhead with their signature)

APPEAL DETAILS

Please be aware that any of the changes requested below could affect • š µ Financial Aid and/or student account and may not be in the • š µ vřř[or].

Mark the category that best describes the appeal (check all that apply):

- ✓ Final Grade Appeal
- ✓ Academic Review:
- ✓ Other (Please explain)

Semester: _____ Date: _____ Year: _____ SUBJECT: 06.26 396 (C004 (t06.26 04 (t06.26 396 (OT Q qU ET C