

Students are responsible for obtaining and submitting all relevant information to support an academic appeal. If out of the immediate area, students may contact faculty members via e-mail; e-mail responses from the faculty's MC e-mail accounts are accepted in lieu of signatures. THIS IS NOT A TUITION REFUND APPEAL, INVOLUNTARY WITHDRAWAL OR GRADE APPEAL FORM; see Admissions and Records for instruction.

READ THE FOLLOWING STEPS:

1. Contact an academic counselor to discuss your appeal. The counselor will explain the process and help you determine which regulation is involved. Indicate the specific regulation to be appealed on the first page of the appeal form.

2. Write a statement of appeal. Be sure to give complete information, including specific dates, if appropriate. **Attach supporting documentation.**

3. Take your appeal form to the appropriate faculty member for recommendation, comments (specific reasons for approval or disapproval), and signature. If the faculty member is not available, see the department chair. **Please note:**

- If your appeal is for a fourth attempt of a class, the department chair's signature is required with an action plan for successful course completion. Instructor support is recommended .
- If your appeal is to extend the deadline to withdraw and:
 - You received scholarships, grants, and/or loans, or if the Office of Financial Aid held your classes with estimated financial aid, a withdrawal may adversely affect your student account. Consult a financial aid counselor or specialist prior to submitting an appeal to extend the deadline to withdraw.
 - You are a F1/M1 visa holder, a withdrawal may adversely affect the status of your visa. See an international student coordinator before submitting your appeal.

4. Discuss your completed form with the same counselor you talked with in Step 1. Obtain the counselor's signature on this form or via e-mail. Incomplete forms will not be accepted or considered.

5. Submit a complete packet to the Office of Admissions and Records on the campus where you last attempted the course(s). All documentation must be submitted 48 hours prior to the next academic appeals meeting (check the [Academic Appeals](#) page for campus meeting dates).

6. You may attend the academic appeals meeting to provide clarification or additional information. Attendance is not required. If you wish to attend, check the space on the student academic appeal petition form. If you cannot attend that meeting, the committee will make a decision without your attendance. The committee may also defer your appeal to a later meeting and request that you attend.

7. Students will be notified of the appeals committee's decision by mail within a week of the meeting.

Full text of the Academic Regulations is available at http://www.montgomerycollege.edu/departments/academicevp/Student_PandP.htm

Date Received _____
Meeting Date _____

Approved _____
Denied _____
Reason _____

Name _____ Student ID M- _____

Address _____

Program of Study/Major _____ Telephone _____

MC E-Mail _____

I wish to attend the appeal meeting: Yes No

Please indicate the following regulation(s) you are appealing:

- 9.217B Allow Credit by Examination to stand in place of course taken at MC, or any other institution, in the last five years.
- 9.32 Program requirements for graduation (time limit only).
- 9.411D Extend the deadline for an "I" beyond four weeks of the following semester.

Course _____ CRN _____ Semester _____ Year _____

Course _____ CRN _____ Semester _____ Year _____

Course _____ CRN _____ Semester _____ Year _____

- 9.613 Extend the deadline to change from credit to audit. (Petition Campus Registrar, in writing, to extend the deadline to change from audit to credit. Do not submit this form for audit to credit changes.)

Course _____ CRN _____ Semester _____ Year _____

- 9.62A Attempt a course for the fourth time (Audit excluded, **Department Chair** approval required). See page 3.

Course _____

- 9.644 Extend the deadline to withdraw. **If you are requesting an Involuntary Withdrawal, DO NOT complete this form;** see the Office of Admissions and Records for instruction.

Course _____ CRN _____ Semester _____ Year _____

Course _____ CRN _____ Semester _____ Year _____

Course _____ CRN _____ Semester _____ Year _____

- 9.723 Course substitution(s): You must file an appeal for substitution of more than nine semester hours or for substitution of non-similar courses (e.g. lower-level for higher-level or different designators). This does not apply to General Education Requirements. **Attach the Course Substitution form.**

Course Submitted _____ for Course Replaced _____

Course Submitted _____ for Course Replaced _____

Course Submitted _____ for Course Replaced _____

Student Statement of Appeal and Signature:

Direction To Student

Attach a typed justification for this appeal to this form. Be sure to include specific dates and circumstances, and attach relevant documentation.

Student Signature Date

Faculty Recommendation(s):

Direction To Faculty

This student is required to obtain a recommendation from the faculty member of record (or department chairs, if faculty are unavailable) for any appealed course. Please review the appeal statement and relevant documentation. **Indicate your recommendation with specific reasons (e.g. attendance, including last date of attendance, if applicable, and quality of work) and sign the appeal. This is required for the student's appeal to be considered.**

1. Name Discipline

Course CRN

Recommendation:

Last Date of Attendance

Faculty Signature Date

2. Name Discipline

Course CRN

Recommendation:

Last Date of Attendance

Faculty Signature Date

Faculty Comment(s) on 4th Attempt:

Direction To Faculty

Please answer questions pertaining to request for 4th attempt. Attach action plan to appeal. Student:

- Attended regularly Did not attend regularly
- Completed all assignments Completed most assignments Completed some assignments
- Participated in class/group activity Did not participate in class/group activity

1. Name CRN

Instructor Signature (required) Date

Counselor Comments:

Direction To Counselor

After student has obtained faculty recommendation(s), review the appeal and relevant documentation. Please address any questions about the appeal process, and make certain the appeal form is complete.

1. Name

Comments (optional):

Counselor Signature (required) Date