

An academic appeal involves requesting an exception to a specific academic regulation as outlined on this form. **All academic appeals must include a completed Academic Appeal Petition Form, personal statement, applicable signatures, and any supporting documentation.** Email responses from faculty sent to your MC email address can be accepted in lieu of physical signatures on the form. **Complete packets should be submitted to the Office of Enrollment Services at the campus where the course(s) was last attempted.** Use the instructions below as your guidelines for completing the academic appeals process.

1. **Contact a counselor** to discuss your appeal. Indicate the **specific regulation to be appealed** on Page 2.
2. **Fill out the form. Type a personal statement** explaining your appeal. Be sure to provide complete information, including specific dates. **Attach supporting documentation** as applicable. Provide your signature as the student.
3. You may attend the academic appeals meeting to provide clarification or additional information. Attendance is optional. **Indicate your preference of attending** on Page 2.
4. If you received Financial Aid, you must discuss this appeal with the Office of Financial Aid and obtain their signature. If you are an F-1 or M-1 visa holder, you must discuss this appeal with your International Student Coordinator and obtain their signature.
5. **Take your appeal form to the appropriate faculty member** for recommendation, comments, and signature. If the faculty member is not available, contact the department chair.
6. If your appeal is for **more than a third attempt** of a class, **the department chair's signature is required.** You must also provide a typed **detailed action plan** that identifies what you will do differently in retaking the course. This could include time management, work schedule, resources you will utilize such as the tutoring centers on campus, study schedule, and changes you will make to ensure successful course completion.
7. Obtain a **counselor's signature** on this form.
8. **Submit a complete packet** to the Office of Enrollment Services 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](#) website for campus meeting dates. **Incomplete packets will not be accepted.**
9. Students will be notified of the appeal committee's decision by MC email within one week of the meeting.

Full text of the Academic Regulations is available at [https://cms.montgomerycollege.edu/EDU/Verified\\_-\\_Policies\\_and\\_Procedures/PDF\\_Versions/53001\\_Academic\\_Regulations\\_and\\_Standards/](https://cms.montgomerycollege.edu/EDU/Verified_-_Policies_and_Procedures/PDF_Versions/53001_Academic_Regulations_and_Standards/)

OFFICE USE ONLY

Date Received \_\_\_\_\_

Approved \_\_\_\_\_

Meeting Date \_\_\_\_\_

Denied \_\_\_\_\_

Has this been approved before?  Yes  No

Deferred \_\_\_\_\_

Name

Student ID M-

Address

Program of Study/Major

Telephone

MC Email

**I plan to attend the appeal meeting:**

(See [website](#) for meeting schedule)

Yes  No

Student Signature

Date

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

2.6B/2.6C

Course substitution(s): You must file an appeal for substitution of more than nine semester hours (2.6B) or for substitution of non-similar courses (2.6C) (e.g. lower-level for higher-level or different subject designators). This does not apply to General Education Requirements. **Attach the Course Substitution Request Form. Department Chair approval required.**

Required Course

Substituted Course

Required Course

Substituted Course

Required Course

Substituted Course

4.7A

Extend the deadline to change from credit to audit after the 20% meeting date of the course. (**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.)

Semester

Year

Course

CRN

4.9A

Attempt a course for more than three times. **Department Chair approval required.** (Auditing a class does not count as an attempt).

Course

4.10B

Extend the deadline to withdraw **for reasons excluding being called to active duty, illness of student or immediate family member, death of immediate family member, or work related reasons.**

Semester

Year

Course

CRN

Semester

Year

Course

CRN

Semester

Year

Course

CRN

8.3D1

Program requirements for graduation (time limit only). This is for students who are unable to complete their degree program requirements within 7 years of when they began the declared major. **Department Chair approval required.**

**Staff Signatures:**

Did you apply for or receive Financial Aid (scholarships, loans, and/or grants)?  Yes  No  
If Yes, obtain signature below or attach MC email from the Office of Financial Aid. Comments:

Financial Aid Officer Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Are you an F-1/M-1 visa holder?  Yes  No

If Yes, obtain signature below or attach MC email from your International Student Coordinator. Comments:

International Student Coordinator Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Faculty Recommendation for Appeals Involving 4.7A, 4.9A, and/or 4.10B:**

The student is required to obtain a recommendation from the faculty member of record (or department chair, 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, and quality of work) and sign the appeal.**

Faculty Name  Discipline   
Semester  Year  Course  CRN   
**Select One:**  Attended regularly  Did not attend regularly  Never attended **Last Date of Attendance**

Recommendation:

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

**Department Chair Recommendation for Appeals Involving 2.6B or 2.6C, 4.9A, and/or 8.3D1:**

The student is required to obtain a recommendation from the department chair if this is an appeal for substitution of more than nine semester hours (2.6B) or for non-similar course substitutions (2.6C), repeated courses (4.9A), or program requirements time limit (8.3D1).

Department Chair Name

Recommendation:

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

**Required Counselor Recommendation for All Appeals:**

After the student has obtained all necessary recommendation(s), review the appeal and relevant documentation. Please address any questions about the appeal process, make certain the appeal form is complete, and ensure that the detailed action plan for successful course completion is attached (if appealing for more than three attempts).

Counselor Name  **Has the student submitted a detailed action plan for success?**  Yes  No  n/a

Recommendation:

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_