Concurrent Enrollment Appeal Form

Complete this form for any circumstance that falls outside the guidelines for Concurrent Enrollment. The form must be completed with signatures and turned in for review and approval. The Post-Secondary Administrative Assistant will contact the counselor with the results.

Student Name: ______________________________   Current Grade: ______________________

School ID: _______________ High School: ____________________________________________

College to Attend: __________________ Term: _____________________ Year: ___________

Career Interest: _________________________________

The Student has been denied for the following reason:  □ Deadline not met  □ Credits exceed 6
□ Application Incomplete: ______________________ □ Qualifications not met: ______________________
□ Other: ______________________________________________________________________________

Please provide a detailed explanation of the students’ circumstance:
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Counselor Signature: ______________________________ Date: ______________________

Principal Signature: ______________________________ Date: ______________________

Counselors please return to Jamie Gallegos at the District Administration Building

Office use only

□ Approved

□ Not Approved  Reason: ______________________________________________________________________

Director or Designee Signature: ______________________________ Date: ______________