Greeley-Evans
WELD COUNTY SCHOOL DISTRICT 6

Division of Academic Achievement
Student Support Services
1025 Ninth Avenue
Greeley, Colorado 80631
970-348-6000

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:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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: _____