HARFORD COMMUNITY COLLEGE
ACADEMIC APPEALS COMMITTEE
APPEAL APPLICATION

Name______________________

Previous Name ________________

Address ____________________

Date _______________________

Program of Instruction ____________

HCC ID No. ____________________

Anticipated Graduation Date _______________

INSTRUCTIONS:

• Complete all appropriate sections of this form.

• If the nature of your appeal is due to extenuating circumstances, please provide appropriate documentation as listed below.

DOCUMENTATION IS REQUIRED FOR ALL LATE WITHDRAWAL REQUESTS.

<table>
<thead>
<tr>
<th>Extenuating Circumstance</th>
<th>Sample Documentation Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death in the immediate family</td>
<td>Copy of obituary or death certificate</td>
</tr>
<tr>
<td>Involuntary transfer or change in work hours by employer</td>
<td>Letter from employer on company letterhead indicating effective date of involuntary transfer or change in work hours</td>
</tr>
<tr>
<td>Assignment to active duty in armed services</td>
<td>Copy of military orders to active duty</td>
</tr>
<tr>
<td>Serious illness/accident/medical condition</td>
<td>Letter from qualified physician on letterhead indicating description of illness/condition, specific time period when seen by physician, and statement supporting request that reflects how the illness or medical condition prevents student from meeting course(s) requirements</td>
</tr>
</tbody>
</table>

• If uncertain about any part of your request and/or the completion of this form, please meet with a Student Development Specialist in Advising, Career, and Transfer Services or Disability Support Services located in the Student Center

• Return this entire appeal application to Registration and Records Office located in the: Student Center; Harford Community College; 401 Thomas Run Road, Bel Air, MD  21015

Appeal for (check one):

1. Course Substitution
   a. _____ HCC Course
   b. _____ Transfer Course/Substitution from Another College
      Must include the course description and/or course syllabus from the year taken.

2. Waiver(s)
   a. _____ Credits required for additional HCC degrees/certificates 15 additional credits per degree or 25% of the credit hours for the certificate since earning the last degree/certificate
   b. _____ Course
   c. _____ Last 15-credits at HCC residency requirement (prior to catalog year Fall 2012)

3. Late Withdrawal from the following term and course(s): ______________________________________
   *Must file within one year of taking course.
   *Appropriate documentation required. Please see above chart for acceptable documentation.

(over)
State reason(s) for appeal (additional comments on separate sheet may be attached):

________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

To support my appeal, I have:

I have discussed my appeal with my instructor(s) ________________________ Yes _____ No_____ (instructor’s signature) Not Applicable _____
Instructor’s Comments:

________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

The information I have given is true and accurate to the best of my knowledge.

Student’s signature _____________________________ Date: ________________

Submission Deadlines: The Academic Appeals Committee meets monthly from August to May. The appeals process takes approximately four to six weeks. Once a decision is made a letter will be sent to the address you have provided on this application. All decisions are final. Summer appeals during June and July will be acted upon only if they affect summer registration or August graduation. NO action will be taken on your appeal until all information requested has been provided.

(effective 08/26/14)