



PIERPONT COMMUNITY & TECHNICAL COLLEGE REGISTRAR STUDENT APPEAL FORM

Instructions:

1. Complete the form justifying your reasons for appealing. Please include as much information as possible, including dates, and any documentation you have that supports your claim. Be specific about what you are requesting. The more information you provide the better. Failure to provide a written statement and/or documentation may affect our decision. Return all material to the Student Services Center.
2. Your request will be processed in the order it is received. **Allow at least one week for processing.**
3. The appeal will be reviewed by the Registrar.
4. The decision and any correspondence will be emailed to your PCTC email address.

Important Notes:

1. If you are requesting to drop/withdraw a course after the deadline, please be aware that never attending a course, not being aware of the drop date, and thinking that you attempted to drop a course are not justifications that are automatically approved. FELIX records all attempts to drop a course whether successful or not.
2. Approval of your request may affect your financial aid and scholarship eligibility for the current term as well as future terms. In addition, it may result in a payment due to the institution. Payment may be required before the approved appeal can be processed. Please consult with the Financial Aid Office before you submit this form.
3. This form is not to be used for SAP (Satisfactory Academic Progress) appeals. If you have not met your SAP for financial aid, you must complete the SAP appeal form.
4. This form is not to be used for grade appeals. If you are disputing a grade you received from a professor, an appeal must be submitted to the Provost.

Student Information:

Student Name _____ ID Number _____

PCTC Email _____

- By signing the form, I am verifying that all information submitted with the form is true and accurate.

Signature _____ Date _____

Appeal Information:

Fall _____ Spring _____ Summer _____ Year: _____

Please state below all of the information that is relevant to the appeal. Any additional documents may be attached to this form. Please be as clear and detailed as possible. Use additional paper, if needed.

For Office Use Only

<input type="radio"/> Approved	<input type="radio"/> Denied
Reason _____	

Signature of the Registrar _____	
Date _____	