

Student's Name (Last, First, M.I.) _____

Student NECC ID Number _____

Current Address _____

Phone Number _____

This form is to be used to appeal enrollment information related to attendance submitted to the Registrar's Office by faculty during a given semester.

Term:

- Spring ____ (Jan. – May.)
- Summer ____ (May- Aug.)
- Fall ____ (Sept. – Dec.)

Appeal DEADLINE

- September 1st
- November 1st
- April 1st

Reason for appeal: Medical/Accident Death in the family Personal Circumstances
 Other: _____

To submit an appeal, you must:

- Complete all information on this form.
- Submit the following, attached to this appeal form:
 - Typed, signed and dated Personal Statement
 - Any essential documentation to support the appeal (if applicable) Please note: Documentation should be official/on letterhead from the source.

Course(s) I am requesting an appeal for:

<u>Course Number</u>	<u>Subject Code</u>	<u>Section Number</u>	<u>Course Title</u>

Required acknowledgments (read and check each statement):

- I understand that I am only allowed to submit this type of appeal 1 time while enrolled at NECC.
- I understand that should I have enrollment issues in a future semester I am responsible for payment of the charges.
- I understand that the faculty member(s) for the courses indicated above will be contacted to verify the information submitted in the appeal.
- I understand that if I received Financial Aid I should contact the Financial Aid Office to determine how this request will affect my eligibility.

CERTIFICATION: By signing below I acknowledge that I have read and understand the requirements of this appeal. Submission of an appeal does not guarantee approval.

- The information provided with this appeal is complete and accurate. Otherwise, it is **not accepted.**
- An incomplete appeal will **be denied if additional information is not received** by date requested (two weeks).
- All appeal decisions will be sent via mail to the above address within 3 weeks of submittal.

Student Signature _____ Date _____