Dual Enrollment Student Appeal Form

Students wishing to register for or withdraw from the program after the final deadline must submit an appeal demonstrating that extenuating circumstances beyond the student's control were in effect during the term in question. Appeals are reviewed in August, and students are notified of a decision within 2-3 weeks of submitting the form. To submit an appeal, please complete the following:

- Complete all required fields below (indicated with an '*')
- Provide a written statement to support your request in the space provided (page 2)
- If you are appealing for medical reasons, you must attach documentation such as a doctor's note or have a high school official sign in the space provided (page 1)
- Please email the completed form and attachments to Dual Enrollment Program Coordinator Kendall Doty at kdoty@quincycollege.edu

If you have any questions about the process or this Student Appeal Form, please contact Dual Enrollment Program Coordinator Kendall Doty at kdoty@quincycollege.edu or call (617) 984-1727.

*Name:			QC ID:
*Email:			*Phone:
Address:			
*High School Name:			
	***Select reason for appeal below:**		
Course (include course title and semester/year taken):	Late Enrollment ☐	Late Withdrawal ☐	Other (Need Explanation) ☐

High School Official Name (print): _____

High School Official Signature: _____ Date: _____

Email: _____ Phone: _____

Notes from high school official:

I hereby certify that the information provided is correct and true to the best of my knowledge.

*Student Signature: _____ Date: _____

*Detailed reason for this request (attach pages if needed):

FOR OFFICE USE ONLY

Date received:	Appeal Decision: ☐ Approved ☐ Denied
Comments:	Student Notified:

Quincy College Signature: _____ Date: _____