



Name: \_\_\_\_\_ High School: \_\_\_\_\_

### Semester & Course Information

(To be completed by High School Counselor)

Course(s) wanted to enroll for:

Year: \_\_\_\_\_

Check One Term:     Fall         Spring         Summer I         Summer II

Course	Section	CRN

Current high school courses and grades:

Course: _____	Grade: _____	Course: _____	Grade: _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional pages or documentation may be attached if needed.**

**FOR OFFICE USE ONLY**

Date Appeal Form Received: \_\_\_\_\_ Is form complete?    Yes     No

Recommendations from Committee:

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Committee Review Date: \_\_\_\_\_ Appeal Approved?    Yes     No

Student Notified on: \_\_\_\_\_