

## **Dual Credit Appeal Form**

Processing your appeal may take up to two weeks from the time the appeal is submitted. An incomplete form will not be reviewed. Please note the below schedule for deadlines to submit completed appeal forms and to the Dual Credit Office. You may submit the form in person, via email or fax. You will be notified via email about the outcome of your appeal. All decisions are final.

Appeal Forms Deadlines: Please see Dual Credit Advisor for deadline. Contact Information: Dual Credit Office P.O. Box 818 Baytown, TX 77522 281.425.6295 dualenrollment@lee.edu

## **Student Information**

Name:				Lee College ID #:			
	Last	First	Middle				
Date of Birth:High S			School <u>:</u>	Graduation Year:			
Email:				Phone Number:			
1.	Course(s) not com	pleted with a	"C" or better:				
2.	Explain any unusu	ıal circumstan	ces that affec	ted your grades during the past semester.			
3.	Why do you believe your appeal should be approved?						
Student Signature:				Date:			
Parent Signature:				Date:			

Name:		High School:					
Course(s) wante	d to enroll for:		urse Information High School Counselor				
Year: Check One Term	: 🗖 Fall	☐ Spring	☐ Summer I	☐ Summer I	I		
	Course	Secti	on	CRN			
<b>C</b>	s:	Grade:					
Course:		Grade:	Course:	Course:			
Counselor Signat	ture:		Date:	Date:			
	Additional p	ages or document	ation may be attacl	ned if needed.			
		FOR OFFIC	E USE ONLY				
Date Appeal For	m Received:		Is form com	_ Is form complete? ☐ Yes			
Recommendatio	ons from Commit	tee:					
Committee Revie	ew Date:		Appea	al Approved?	Yes 🗆 No		
Student Notified	l on:						