

PLEASE PRINT
Admissions and Records
Appeal Petition

Rec'd By: _____

Date: _____

Petition refers to:

Fall 20 _____
Spring 20 _____
Summer 20 _____



Petition or Policy you wish to Appeal

Student Name

Date of Birth

Mailing Address

SCC Email Address

City State Zip

SCC ID#

Explain why you feel original outcome was inappropriate and why you think your request should have been approved:

(attach additional sheet if needed)

Student's Signature Date Telephone No.

Attach all applicable supporting documentation.

Academic Council Review

Date Reviewed: _____

Appeal Approved: Y N

Council Determination:

Council Chairperson or designee: _____ (initial) _____ (Date)

Subtract from Apportionment? Y N

If Yes, marked in Banner? _____ (initial) _____ (Date)

Student Notified? Y N _____ (initial) _____ (Date)

Appeal Petition Information and Instructions

If you wish to appeal the outcome of a previously processed petition, policy or practice it is appropriate to complete this form.

Before completing this form students are urged to make at least one additional attempt at resolution with the department that first denied the original petition.

Instructions:

1. Complete this form
2. Submit to Admissions & Records
3. Initial review will be completed and student will be sent a copy reflecting determination via SCC email within ten (10) business days after the Academic Council meets.