

ACADEMIC APPEAL REQUEST FORM

This form is used to exercise the student's right of appeal to academic policies, requirements, etc. Please carefully read and follow the directions in the information section of this form. For further information please refer to the Student Handbook, Academic Record Appeal Procedure, or the Appeals Procedures in the HCI College catalog. This form must be submitted by the student, through the student's HCI email, by fax, or mail once completed. This is NOT the appropriate form for additional appeals related to Financial Aid, Satisfactory Academic Progress, or prior dissatisfaction with the course content or instructor.

| LAST NAME: | FIRST NAME: | MIDDLE INITIAL: |
|----------------|---------------|-----------------|
| LAST FOUR SSN: | PHONE NUMBER: | |

INSTRUCTIONS

Before the student begins the appeal process, it is important to remember that the student is responsible for meeting deadlines, policies, and financial obligations. Extenuating circumstances with supporting documentation might allow for exceptions. If the student submits an Academic Appeal requesting an exception, it is the student's responsibility to provide documentation and justification for consideration by the Academic Appeals Committee. The committee will review an Academic Appeal only one time. A re-appeal of the same request will not be accepted by the Academic Appeals Committee. The decisions made by the committee are final.

For Academic Record Appeal to be considered the following MUST be provided:

STEP 1: Completed Academic Appeal Form

STEP 2: Typed letter of explanation, written and signed by the student (limited to one page). The following information are examples of questions to help assist the student in writing the letter:

- What is the student requesting?
- What happened to create the situation?
- When did it happen?
- How did it impact the student?

STEP 3: Documentation Examples (Please check all that have been included):

*Any documentation submitted will become a part of the student's permanent educational record

| Doctor's note (on letterhead with their signature) Hospital/medical facility records, appointments, medical bills Letter from Therapist/Social Worker/Counselor (on letterhead with their signature) Death Certificate, Obituary, funeral, or memorial service program |
|---|
| Work Military orders Letter from Employer (on letterhead with their signature) to include a copy of their prior work schedule and their new work schedule |
| <u>Academic</u> |
| Attendance from Course Key |
| Lippincott usage |
| ATI Usage |
| Proctored Results (if applicable) |
| Remediation |
| Grades from Gradebook |
| Computer generated schedules or records of transactions |
| Emails/Communication to/from instructor regarding situation |
| Copy of your Student Account statement, registration, etc. |
| <u>Other</u> |
| Court records |
| Police report |
| Plane ticket(s)/receipts |
| Additional documentation that supports your extenuating circumstance |

NOTIFICATION PROCESS

The student will be notified by email regarding the outcome of the Academic Appeal Request - approved or denied. It is important that the student ensures that they have access to their HCl email address as this is where the decision will be emailed. Appeals are reviewed on a weekly basis, and the student should expect to receive notification of the outcome within 10 business days from the submission of the appeals request. *Incomplete submissions may result in denial of the appeal.*

Please be aware that any of the changes requested below could affect the student's Financial Aid and/or student account and may not be in the student's favor. Mark the category that best describes the appeal (check all that apply): | Final Grade Appeal: | Academic Review: | Other (Please explain):

SIGNATURE

I have read and understand the Academic Appeal procedure as described in the HCI Student Handbook and have attached my letter of explanation, limited to one typed page, and have included all relevant documentation.

Semester Date: ______ Year: _____ SUBJECT/COURSE/SECTION: ____

STUDENT SIGNATURE: _____ DATE: ____

IMPORTANT: MAKE A COPY FOR YOUR RECORDS

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