Central Arizona College

APPEAL REQUEST FORM

Appeal must be submitted prior to the current semester end date to **registration.appeal@centralaz.edu**
Appeals are reviewed the **first Wednesday of each month**. Appeals must be received **prior** to that date.
Notification of decisions are emailed approximately one week after review.

Student ID Number/ SSN ☐☐☐ – ☐☐ – ☐☐☐☐

Legal Name: Last:_____ First:_____ Middle Initial:_____

Previous Name (maiden):_____

Mailing Address: Street/P.O. Box:_____ Apt.:_____

City:_____ State:_____ Zip:_____

Phone: (_____)_____ Cell: (_____)_____ Email: _____

Semester of Appeal: ◯ Fall ◯ Spring ◯ Summer Year: _____

Type of Appeal: ◯ Tuition ◯ Withdrawal (Note: Grade appeals and instructor/class dissatisfaction must be initiated by completing the Compliments/Concerns link on the CAC homepage.)

I have acknowledge/have completed the following as part of the appeal process:

☐ I have submitted a complete statement that explains the reasons why I should be considered for an exception to practice/policy. In my statement, I have addressed the issues, choices, circumstances and/or conditions that led to this appeal.

☐ I have attached all supporting documentation. I realize that it is my responsibility to collect and provide copies of said documentation. (Example: medical documentation, correspondences, withdrawal paperwork, etc.)

☐ I have contacted the Financial Aid office to discuss how an exception to policy may affect my scholarships, grants, or loans that I may have received and any future financial aid.

☐ I have reviewed and understand the practice/policy that I am appealing. I understand that not meeting an established deadline does not constitute an exception to practice/policy. For example, not withdrawing from a class by the established deadline does not constitute an exception to practice/policy.

Additional paper may be used if necessary.

Please Note: An exception to policy is not immediate, nor guaranteed. Appeals are reviewed by appropriate college personnel and notification of the decision will be emailed to the addresses indicated above. Decisions may take several weeks for processing. Please contact our Business Office for financial arrangements at 520-494-5240 or accountsreceivable@centralaz.edu, if needed.

_____ _____
Student Signature Date

========== **OFFICIAL USE** ==========

◯ Approved ◯ Denied Date of Decision: _____ Date Student Notified: _____