Admissions & Academic Policies Appeal

Request for a late withdraw or change to Audit

Frederick Community College
7932 Opossumtown Pike Frederick, MD 21702
Fax: (301)624-2799 Phone: (301)846-2431

Return form and accompanying documentation to the above address

Name_____ Student ID #_____

Address _____City, State, Zip _____

Phone _____ myFCC e-mail only_____

Please select which option best describes your reason for appealing-

- ☐ I am requesting a late withdraw which will give me a grade of W.
- ☐ I am requesting a change to audit.

Check the reason for your request-

- ☐ Personal illness: Requires dated medical documentation.
- ☐ Family issues: Requires documentation of event with dates, newspaper articles, court documents, etc.
- ☐ Job change: Requires signed letter on company letterhead.
- ☐ Military: Provide copies of orders, DD214, etc.
- ☐ I attended the wrong class: Requires statement from faculty.
- ☐ Record discrepancy: Registration records are maintained by law for five years. Students with requests prior to five years bear the burden of proof in a record discrepancy.

Please enter the course information for which you are appealing-

Course_____Term_____Last date of attendance_____

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Supporting documentation- (REQUIRED). Your appeal will likely be denied if you do not provide documentation.

1. You must provide a typed statement on separate paper to explain the details of your request. Specifically state why you were unable to withdraw before the deadline.
2. Provide documentation to support your appeal. Check above for examples.

I verify that all requirements listed above are complete and included with my appeal submission.

_____ _____

Student Signature **Date**

For office use only

Date received-
Reported last date of attendance-
Appeal result-