

The Enrollment Appeal process allows students who have experienced extenuating circumstances that prevented them from attending classes, completing course obligations, and/or satisfying their financial obligation to the College, to request:

- **Financial Action:** May be a refund, waiver of charges, or other financial action.

See the full Enrollment Appeal Policy [here](#).

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## HOW TO FILE AN ENROLLMENT APPEAL

1. Did you experience an extenuating circumstance, such as:

- Serious medical issue, illness, injury;
- Death of an immediate family member; or
- Undue or unforeseen hardship?

2. Did you meet with a member of the Academic Advising Center to confirm this is the appropriate action and to complete course withdrawal paperwork if possible?

3. If you answered YES to the above questions then you must submit the following required materials to the Academic Advising Center within 180 calendar days (6 months) of the end of the semester being appealed.

-  Documentation:
  - > Accident report;
  - > Copy of death certificate or obituary; or
  - > Other documentation of undue or unforeseen hardship.
- See the full Enrollment Appeal Policy [here](#) for specific documentation requirements.

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## BEFORE YOU FILE AN ENROLLMENT APPEAL

Students may submit only one Enrollment Appeal for one semester for as long as they remain a student at the College.

The U.S. Department of Education mandates a specific refund calculation if a student receives any form of financial aid and has withdrawn from all coursework. Depending on the financial aid that has been received, the student may be responsible for repaying some or all of the aid back to the College if s/he elects to withdraw – regardless of circumstances.

The College is under no obligation to refund charges after the Add/Drop period is over. Health insurance charges, bookstore purchases, registration fees and any refund checks are NOT subject to appeal and refund.

## AFTER YOU FILE AN ENROLLMENT APPEAL

Name \_\_\_\_\_ BCC ID \_\_\_\_\_

BCC email address \_\_\_\_\_ Other email address \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone \_\_\_\_\_ Last date of attendance \_\_\_\_\_ Semester being appealed \_\_\_\_\_

Classes being appealed \_\_\_\_\_

**By filing this appeal I am requesting the following action(s) (check one):**

{Financial Action: May include refund, waiver of charges or course voucher for course(s) I was unable to complete; OR

{Academic Action:

{Removal of course(s) from academic transcript due to verified nonattendance; OR

{Retroactive withdrawal from course(s).

**In addition to this form I am submitting the following required documentation (check boxes):**

{Clear, type-written, signed and dated letter, which:

{Explains the extenuating circumstances; and

{Specifies the request (i.e. removal of specific course or specific charges).

{Documentation of the extenuating circumstance:

{Official, signed letter from medical provider, stating circumstances, treatment dates, and whether condition prevented the student from finishing class(es);

{Accident report;

{Copy of death certificate or obituary;

{Other documentation of undue or unforeseen hardship.

{I have not previously submitted an Enrollment Appeal at any time.

{I have met with an Academic Advising Center staff member and withdrew from the affected class(es) if possible.

{I have read the [Enrollment Appeal Policy](#); the process on the reverse side of this form, and information about course withdrawals. I understand the financial and academic consequences of filing this Enrollment Appeal.

{All materials have been submitted within 180 calendar days (6 months) of semester being appealed to the Academic Advising Center.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**For Official Use Only:** Review, initial & date.

Academic Advising Center: \_\_\_\_\_

Financial Aid Office: \_\_\_\_\_

Registrar's Office: \_\_\_\_\_

Business Office: \_\_\_\_\_

Committee: \_\_\_\_\_

Other: \_\_\_\_\_

Decision:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments: