



Enrollment Appeal

(Students must submit their appeal in writing, using this form)

Name: _____ Student ID#: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Alternate Phone: _____

Email Address: _____

Year and semester for which you are requesting an appeal: _____

1. The Enrollment Appeal Committee (EAC) provides TSC students with an opportunity to formally appeal an enrollment, registration or reinstatement issue resulting from a medical emergency, death in the family (parent, spouse, sibling or child), a life-changing incident, or a perceived error by the College. To ensure a fair and unbiased process, the identity of the committee members will not be divulged.
2. Due to the confidential nature of the information contained within this appeal, the Office of Admissions and Records will only release information to the student of record by email to the email account provided. Information regarding the outcome of an appeal will not be released by phone or to anyone other than the student of record.
3. Students must submit appeals to the Office of Admissions and Records 30 days after the ending of the semester in question. Appeals will not be accepted after the deadline unless the student can demonstrate extenuating circumstances.
4. Students must provide documentation to support their claim. The decision of the EAC is final and students will not be allowed to submit an appeal for the same issue more than once. Therefore, it is imperative that all supporting documentation be provided with the original appeal.
5. The EAC cannot render decisions pertaining to grade changes or denial into a program. Requests for grade changes must follow the procedures outlined in TSC Policy.
6. Refund of tuition and fee refunds is subject to TSC Policy on tuition and fee refunds. More information is available online in the College Catalog.

*Before submitting Enrollment Appeal Form to Admissions and Records, please visit an office representative from Academic Advising and Financial Aid and have them sign below.

Academic Advising Representative Signature

Date

Financial Aid Representative Signature

Date



Name: _____ Student ID#: _____

I am submitting this appeal on the basis of (please check all that apply):

- Medical emergency
- Life-changing incident
- None of the above
- Death in the family (parent, spouse, sibling or child)
- Perceived error by the College

Explanation of Appeal

(Please explain in detail the situation you would like the committee to consider)

What is Your Desired Outcome?

(Attach additional sheet if necessary)