Hennepin Technical College

STUDENT APPEAL

Submit this completed form, your typed statement, and supporting documentation to Enrollment Services. Appeals must be submitted within one year of occurrence. Results will be emailed to you when the appeal has been reviewed and a decision has been made.

Tech ID or StarID:_____ Date: _____

Student Name:_____
Last Name *First Name* *Middle Name*

Send appeal result to: ☐ HTC Email OR ☐ Personal Email: _____

Phone: _____ Program Major:_____

*When did this event occur? *Month and Year*:_____ ***Appeals must be submitted within one year of occurrence or they will NOT be considered or eligible for second appeals***.

STEPS FOR PREPARING YOUR APPEAL:

Step 1: Check the reason for your appeal and the action/response requested:

- ☐ Student illness/hospitalization
- ☐ College error
- ☐ Other Reason:
- ☐ Death or illness of immediate family member
- ☐ Military orders

List any course(s) that are part of your appeal, ifapplicable:

_____

Appeals based on the following circumstances will not be considered:

-Inability to pay; including inability to pay as a result of an incomplete Financial Aid application or lack of funding from financial aid
-Lack of knowledge of or disregard for college drop, refund, and withdrawal policies or deadlines (See www.hennepintech.edu)
-Attempted drop/withdrawals not verified on registration log
-Transportation issues
-Child care issues
-A recurring condition, if approved for a prior term
-Work schedule change (unless a condition of maintaining existing employment; documentation on employer letterhead required)

Step 2: Prepare a typed (not handwritten) statement that clearly answers the following questions:

a) What happened? AND b) How did this event affect your ability to complete these courses successfully?

Step 3: Attach supporting documentation of circumstances beyond your control. Be aware that your request may not be processed if you do not include relevant documentation.

Step 4: Submit this completed form, your typed statement, and supporting documents to Enrollment Services at either campus.

Student Signature:_____ Date: _____

APPEALS COMMITTEE'S DECISION: ☐ ***APPROVED*** ☐ ***DENIED*** ***Waiver Code:*** _____

Approved action: Withdrawal/No Refund Withdrawal /Tuition Waiver Drop/Tuition Refund

Supporting comments and/or conditions of decision: _____

Authorized Signature:_____ Date: _____

Decisions documented by this form are only valid if signed by the Registrar, or Designee.

STUDENT: *Sign here and re-submit this form to Enrollment Services if you wish to appeal the decision you received above:*

Student Signature:_____ Date: _____

DEAN'S DECISION: ☐ ***APPROVED*** ☐ ***DENIED*** ***Waiver Code:*** _____

Supporting comments and/or conditions of decision: _____

Dean's Signature:_____ Date:_____

Note: Information submitted on this form will be directed to the appropriate staff members to respond to your request and will become part of your academic record which is protected data. For Hennepin Tech's Privacy Policy, visit HennepinTech.edu. SF_202307