Dual Enrollment Appeal Form

Processing your appeal may take up to two weeks from the time the appeal is submitted. An incomplete form will not be reviewed. Please note the below schedule for deadlines to submit completed appeal forms and to the Dual Enrollment Office. You may submit the form in person, via email or fax. You will be notified via email about the outcome of your appeal. All decisions are final.

Appeal Forms Deadlines:
Fall 2018: May 25, 2018
Spring 2019: December 21, 2018
Fall 2019: May 17, 2019
Spring 2020: December 20, 2019

Contact Information:
Dual Enrollment Office
P.O. Box 818
Baytown, TX 77522
dualenrollment@lee.edu
Fax: 281-832-4004

Student Information

Name: ___________________________ Lee College ID #: __________

Last               First               Middle

Date of Birth: ________________ High School: ________________ Graduation Year: ______

Email: ____________________________ Phone Number: ____________________________

1. Course(s) not completed with a “C” or better: ________________________________

2. Explain any unusual circumstances that affected your grades during the past semester.

   ________________________________
   ________________________________
   ________________________________
   ________________________________
   ________________________________
   ________________________________
   ________________________________
   ________________________________

3. Why do you feel your appeal should be approved?

   ________________________________
   ________________________________
   ________________________________
   ________________________________
   ________________________________
   ________________________________
   ________________________________
   ________________________________

Student Signature: ___________________________ Date: ___________________________

Parent Signature: ___________________________ Date: ___________________________
Name: ___________________________  High School: ___________________________

Semester & Course Information
(To be completed by High School Counselor)

Course(s) wanted to enroll for:
Year: ________
Check One Term:  ☐ Fall  ☐ Spring  ☐ Summer I  ☐ Summer II

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Current high school courses and grades:

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Counselor Signature: ___________________________  Date: ___________________________

Additional pages or documentation may be attached if needed.

FOR OFFICE USE ONLY

Date Appeal Form Received: ___________________________  Is form complete? ☐ Yes  ☐ No

Recommendations from Committee:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Committee Review Date: ___________________________  Appeal Approved? ☐ Yes  ☐ No

Student Notified on: ___________________________