

## **Dual Credit 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 Credit 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 Forr Please see E Advisor for		Contact Information: Dual Credit Office P.O. Box 818 Baytown, TX 77522 281.425.6295 <u>dualenrollment@lee.edu</u>	
		Student Inf	formation	
Name	:		Lee College ID #:	
	Last	First Middle		
Date o	of Birth:	High School <u>:</u>	Graduation Year:	
Email			_ Phone Number:	
1.	Course(s) not con	npleted with a "C" or better:_		
2.	Explain any unus	ual circumstances that affect	ed your grades during the past semester.	
3.	Why do you belie	ve your appeal should be ap	proved?	
			Date:	

Date:

Parent Signature:

Name	e:			High School:				
	se(s) wanted t			urse Information High School Counselor				
	k One Term:	🛛 Fall	□ Spring	Summer I	Summer I	I		
Course		ourse	Secti	on	CRN			
	Cu Course:		urrent high schoc Grade:	l courses and grade Course: 	25:	Grade:		
Coun	selor Signatur	e:		Date:	Date:			
		Additional pa	ges or document	ation may be attac	hed if needed.			
			FOR OFFIC	E USE ONLY				
Date	Appeal Form I	Received:		Is form con	nplete? 🛛 Yes	□ No		
Reco	mmendations	from Committe	ee:					
Comr	nittee Review	Date:		Appea	Appeal Approved?  Yes  No			
Stude	ent Notified or	n:						