

STUDENT RECORD APPEAL

First Name _____ Last Name _____ Student ID _____

PLEASE READ before completing this form. If you were unable to complete a course or term due to circumstances beyond your control, you may file an appeal. All requirements **MUST** be met before your appeal will be considered.

- **Submission Deadline:** Your appeal must be received by the college within two years from the end of the term you are appealing. If you were awarded Financial Aid during the term and are requesting to be dropped, then your appeal must be received within the same academic school year, or 60 days from the end of spring term.
 - **Required Documentation:** Write a detailed statement clearly describing the facts. Include documentation that supports the reason for your request, along with any information you believe would be helpful to the committee in making their decision. You **CANNOT** appeal twice for the same circumstance, condition, or illness.
 - **Notification:** The outcome of your appeal will be sent to your MyRogue email address within 30 days of receipt.
- Update my email address (print): _____

Type of Appeal (Check one)

____ **Late Withdraw:** I want a grade changed to “W” on my transcript (no refund for late withdraw)

____ **Late Drop:** I want to be dropped from my class(es) (**check one below**)

I paid for my class(es) and would like a refund of the tuition and fees charged

I owe tuition and fees for my class(es) and want the charges reversed

____ **Late Drop with Financial aid:** I want to be dropped from my class(es) and not charged tuition and fees.

I want to decline the financial aid I was awarded and eligible to receive. I understand if approved, all financial aid that was refunded to me must be immediately repaid, along with any bookstore charges.

Reason for Appeal (Check one)

____ **Personal injury or illness** (include official physician, hospital, billing statement, etc.)

____ **Illness or injury of an immediate family member** (include official physician, hospital, billing statement, etc.)

____ **Death of an immediate family member** (include copy of death certificate or obituary notice)

____ **Required military transfer or deployment** (provide military orders)

____ **Student record/account is inaccurate** (provide proof of inaccuracy)

____ **Other:** _____ (include employer, attorney, landlord statement, etc. (on letterhead))

What Term/Year are you appealing: Summer Fall Winter Spring Year _____

Did you receive Financial Aid? Yes No **Did you receive Veteran’s benefits?** Yes No

| List the Course Title or Course number | Instructor name | Late Date Attended |
|--|-----------------|--------------------|
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| | | |
| | | |

Student Signature _____ Date: _____

Submit this completed form, along with your personal statement and supporting documentation, to Rogue Central Services on any campus, or Mail to: 3345 Redwood Hwy, Grants Pass, OR 97527, or Fax to: 541-471-3585.