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**APPLICATION FOR APPEAL OF DENIAL OF CONTINUING EDUCATION & TRAINING (CET) SCHOLARSHIP PROCESS & FORM**

**Procedures to Appeal Continuing Education & Training (CET) Scholarship Denial**

If a student is denied a CET scholarship, they may appeal to the Associate Dean for Continuing Education and Training. The following procedures apply to all such appeals:

1. An appeal must be submitted on the Application for Appeal of Denial of CET Scholarship, form located below, within fourteen (14) days of the issuance of the written denial.
2. An appeal of a scholarship denial based upon Section III of these Rules and Processes should be grounded in why the student can be successful in current programs and may include:
   1. Prior learning in a topic;
   2. Prior job experience;
   3. Student’s employer’s requirements; and
   4. Other evidence of a likelihood of success in concurrent programs.
3. An appeal of a scholarship denial under section IV of these Rules and Processes must be based upon extenuating circumstances that prevented successful completion of a course or program such as death in immediate family, serious illness/accident/medical condition, or other significant extenuating circumstances.
4. An appeal of scholarship denial based upon inability to meet eligibility criteria, documentation must be provided to prove that a student meets eligibility criteria.
5. An appeal of scholarship denial based upon financial ineligibility may be supported by a documented change in financial situation and/or evidence that supports a dependency override.
   1. An appeal based upon change in financial situation must be supported by a completed Professional Judgment Request Form.
   2. An appeal based upon circumstances that make it unreasonable to expect a parental contribution must be supported by a completed Dependency Override Form.
6. **A student must provide written documentation that supports their grounds for appeal.  The burden of documentation to substantiate the appeal rests with the student.  No appeal will be considered without appropriate documentation.**
7. The Associate Dean shall consider the following in determining if an exception and award is appropriate.
   1. Extenuating circumstances that prevented successful completion of a course or program
   2. Prior learning in a topic
   3. Job experience
   4. Job requirements
   5. Duration and extent of the overlap between programs
   6. Academic status, including prior performance
   7. Registration and scholarship history
   8. Lack of future funding availability
8. The decision of the Associate Dean will be issued in writing to the appellant within seven (7) days of receipt of the Application for Appeal of Denial of CET Scholarship.
9. The decision of the Associate Dean will be final.

**APPLICATION FOR APPEAL**

**OF DENIAL**

**OF CONTINUING EDUCATION & TRAINING (CET) SCHOLARSHIP**

**FORM**

|  |  |
| --- | --- |
| Name: |  |
| H/ID: |  |
| Mailing Address: |  |
| Home Telephone Number: |  |
| Work/Cell Telephone Number: |  |
| HCC Email Address: |  |
| Personal Email Address: |  |

I am appealing because: (Check the box that applies and provide explanation and documentation.)

|  |  |
| --- | --- |
|  | **I was denied a concurrent scholarship (two scholarships at one time)** |
| **Reasons for Appeal:** (Explain your reason(s) for appealing, including why you believe you can be successful in concurrent programs.) | |
| **Appropriate documentation must be attached. Appeals will not be considered without appropriate documentation.**  Documentation must prove why you can be successful in concurrent programs and may include:   1. Prior learning in a topic; 2. Prior job experience; 3. Student’s employer’s requirements; and 4. Other evidence of a likelihood of success in concurrent programs   **I have attached the following documents to support my appeal**: (List the documents that are attached) | |

|  |  |
| --- | --- |
|  | **I was denied a scholarship because of failure to successfully complete a course or program.** |
| **Reasons for Appeal:** (Explain your reason(s) for appealing, including the extenuating circumstances that prevented you from successfully completing the course or program.) | |
| **Appropriate documentation must be attached. Appeals will not be considered without appropriate documentation.**  Documentation must prove the existence of extenuating circumstances that prevented successful completion of a course or program such as death in immediate family, serious illness/accident/medical condition, or other significant extenuating circumstances.  **I have attached the following documents to support my appeal**: (List the documents that are attached.)     1. . | |

|  |  |
| --- | --- |
|  | **I was denied a scholarship because of financial ineligibility** |
| **Reasons for Appeal:** (Explain your reason(s) for appealing, including why you believe you are financially eligible.) | |
| **Appropriate documentation must be attached. Appeals will not be considered without appropriate documentation.**  Documentation must prove why you are financially eligible.  An appeal based upon change in financial situation must be supported by a completed Professional Judgment Request Form.  An appeal based upon circumstances that make it unreasonable to expect a parental contribution must be supported by a completed Dependency Override Form.  **I have attached the following documents to support my appeal**: (List the documents that are attached.) | |

|  |  |
| --- | --- |
|  | **I was denied a scholarship because I did not meet the eligibility criteria.** |
| **Reasons for Appeal:** (Explain your reason(s) for appealing, including why you believe you meet the eligibility criteria.) | |
| **Appropriate documentation must be attached. Appeals will not be considered without appropriate documentation.**  Documentation must be provided to prove that you meet the eligibility criteria.  **I have attached the following documents to support my appeal**: (List the documents that are attached.) | |

|  |  |
| --- | --- |
| Signature |  |
| Date: |  |

*For Office Use Only*

|  |  |
| --- | --- |
| Received by: |  |
| Date received: |  |

**Associate Dean’s Decision**

|  |  |  |
| --- | --- | --- |
| Approved |  |  |
| Denied |  |  |
| Date Issued: |  | |
| Notes: |  | |