

Name _____ Previous Name _____ HCC ID _____

Street Address: _____ City _____ ST _____ Zip _____

Telephone: Cell _____ Home _____

Email Address _____

I am seeking an exception for completion of an HCC:

Degree Program Code: _____
(Code for Major)

Certificate Or Program Name: _____

Expected Graduation _____ / _____
(Semester/ Year)

Catalog Year: 20 _____ - _____
(ex: 2017-18)

Type of exception you are seeking:

<input type="checkbox"/> Use another course as a SUBSTITUTE to fulfill a Course Required for my Program:			
HCC Course Requirement	Subj & Number	Course Name/Req'd Course Component	# Credits
	<input type="text"/>	<input type="text"/>	<input type="text"/>
General Education Elective? <input type="radio"/> GB <input type="radio"/> GE <input type="radio"/> GH <input type="radio"/> GL <input type="radio"/> GM <input type="radio"/> GS (Proposed course MUST have equivalent attribute)			
<input type="checkbox"/> Use an HCC Course:			
	Course Subj & Number	Course Name	# Credits
Proposed Course:	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Use a non-HCC course:			
		Source:	<input type="text"/>
	Course Subj & Number	Course Name	
Proposed Course:	<input type="text"/>	<input type="text"/>	
		Course Subj & Number:	# Credits
<i>Proposed Course must be evaluated for transfer credit FIRST. If Course has no HCC equivalent, course description/syllabus must be included.</i>		Transferred to HCC as:	<input type="text"/> <input type="text"/>

- OR -

<input type="checkbox"/> WAIVE the requirement to fulfill a program requirement:	
<input type="radio"/> Course Requirement:	
<input type="checkbox"/> 2 nd Physical Education Elective - PRE-APPROVED (upon completion of one (1) PE Elective & 60 total credits)	
<input type="checkbox"/> Other course requirement: Subj & Number/Req'd Component:	<input type="text"/>
<input type="radio"/> Other (non-course) Program Requirement _____	



Submit completed form to
Registration & Records
401 Thomas Run Road
Bel Air, Maryland 21015
registration@harford.edu

Application for Academic Appeal

Students are STRONGLY advised to complete this application with guidance from the Advising, Career, and Transfer Services team to ensure the best path for achieving their goals.

Provide justification/reasoning(s) to support this request. (Additional comments may be attached):

The Academic Appeals Committee meets monthly from August to May. The decision process can take up to six weeks and is **final**. Once a decision is made a letter will be sent to the address you have provided on this application. Appeals received during the summer months will be acted upon only if they concern summer registration or August graduation.

The information I have provided is true and accurate to the best of my knowledge.

Student's signature _____ Date: _____

Advising Use Only

Input from Advisor/Instructor/Student Support/Dean:

I have provided the above advisement to support the student's success.

Advisor's Email: _____ Date: _____ Advisor's Signature: _____

If Applicable - Academic Leadership Use Only - Please submit to Registration & Records department.

Academic Review: ☐ **Approve** ☐ **Deny** ☐ **Return**

Comments/Reasoning:

Approver's Email: _____ Date: _____ Approver's Signature: _____