

APPEAL FOR WITHDRAWAL OR CANCELLATION/REMOVAL OF TERM

- For Withdrawal of Term, the appeal must be submitted to Student Affairs within one year after the end of the term the courses were taken.
- For Cancellation/Removal of Term, the appeal must be submitted to Student Affairs by the end of the semester in question.

The appeal will be reviewed by the Enrollment Appeals Committee. Responses by the Committee will be sent to the student's TCC email.

TCC will not approve:

- Withdrawal or cancellation/removal of courses where passing grades were earned.
- Withdrawal or cancellation/removal of courses that were awarded "incompletes."
- Withdrawal of courses that were taken for the third or fourth time.
- Cancellation/removal of a partial term. Withdrawal will generally be considered in this case.
- Appeals that do not include documentation that supports the selected criteria and explanation by the student. (Documentation must prove that the student could not return to classes during the term being considered.)

Section 1: Student Information (Please print in ink or type)

Today's Date: ____/____/____

Name: _____ DOB _____

Student's ID # _____ Phone # _____

Student's TCC Email Address _____

Section 2: Appeal Criteria. Please check the appropriate box below.

- Medical/serious illness (physical or psychological) or injury to the student
- Death of a member of the *immediate family (**documentation must include proof of kinship – see below**)
- Medical/serious illness (physical or psychological) or injury to a member of the student's *immediate family resulting in the student's becoming the primary caregiver (**documentation must include proof of kinship – see below**)
- Military orders and report date during the requested term
- Natural disaster (hurricanes, etc.)
- Special circumstances (i.e. homelessness)

*Immediate family member is defined as spouse, parent, grandparent, child, grandchild, brother, sister, or other close relative or member of the student's own household. A child may include a biological child, an adopted child, a stepchild, a foster child, a child under legal guardianship, or a child of a person standing in loco parentis who is under eighteen years of age or is eighteen years of age or older and incapable of self-care because of a mental or physical disability.

Section 3: Course(s) to be considered for appeal

_____ Term _____ Year

Course ID Example: ENC1101	Reference # Example: 123456

Section 4: Required Documentation.

Medical documentation **must** include the name, title and credentials of the licensed professional making the recommendation. Preferred documentation is a letter on letterhead, typed, dated and signed by the professional (psychological diagnosis requires a DSMV code). The documentation **must clearly indicate** that the severity of the condition makes it impossible for the student to complete the term requested. The committee reserves the right to request further documentation if they feel the submitted documentation is insufficient.

Non-medical documentation may include, but not be limited to, death certificates, obituaries, FEMA documentation and military orders.

All documentation will be verified for authenticity.

Section 5: Explanation of circumstances

Please give an explanation for your request. Attach any additional pages if necessary.

In accordance with Title IX of the Education Act (regarding domestic violence, dating violence, stalking, sexual harassment, sexual assault, sexual misconduct), information provided may be shared with the College’s Title IX Coordinator or other appropriate personnel.

The Enrollment Appeals Committee reserves the right to review each appeal on a case-by-case basis. The committee may request additional supporting documentation after the first review or the student may provide additional documentation that was not seen during the first review. The student has 30 days to request a second review after the committee notification. The second review by the committee will be their final action.

A final option by a student who feels his/her situation warrants reconsideration after the second review is to request that the Vice President for Student Affairs review the file. This request must be in writing (email studentaffairs@tcc.fl.edu), must include the student’s reason for the request, and must be made within ten days after the committee notification.

_____ Date
Student’s Signature

Committee use only

Approved _____ *Denied* _____

**Division of Student Affairs, Enrollment Appeals Committee
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Email: studentaffairs@tcc.fl.edu**