

Registration, Drop Exception, Grade Appeal Request



C/O Dual Credit Office ▪ 901 S. National Avenue ▪ Springfield, MO 65897
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Missouri State
Dual Credit

POLICY

Exceptions to allow for a change of schedule or drop after the scheduled deadline are issued to students who have an overwhelming, unforeseen circumstance which significantly impeded their ability to register for or meet the course(s) requirements. Upon receiving the appeal and supporting documentation, a committee will review the request and make the decision either approving or denying the request. In some instances, the committee may request clarifying information before a decision is made. The results of the decision will be communicated to the applicant. Deadlines for submitting appeals:

- * Change of Schedule-must be submitted during the current academic term of the course (while the student is enrolled in the course).
- * Drop exception and grade appeals-must be submitted within 30 days after the last day of the dual credit course.

INSTRUCTIONS (All documentation must be typed or clearly printed in black or blue ink)

1. Complete this appeal request form.
2. Attach on a separate paper, a written formal appeal letter describing your reason(s) and justification for this appeal. Please be specific when describing your extenuating circumstance(s). Include dates and supporting documentation that you have.
3. Submit the completed form, formal appeal letter, and supporting documentation to the Office of Dual Credit by email (DualCredit@Missouristate.edu) or mail.
4. A review will be conducted and a response to this appeal will be sent by email to the applicant.

Student Name: _____ M# _____
Last Name First Name Missouri State Student ID

Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____ Daytime Phone Number: (____) _____

Semester and Year of Class(es): Fall _____ Spring _____ Summer _____ High School _____
Year Year Year

Purpose for which the appeal is being requested: ___ Late Registration ___ Late Drop ___ Grade Appeal

Course(s) for which the appeal is being requested:

	CRN	Subject	Course Number	Section Number	Course Title	Credit Hours
1						
2						
3						
4						

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

EXAMPLES OF ACCEPTABLE SUPPORTING DOCUMENTATION

A letter from the HS counselor and/or instructor to include the following (depending upon the circumstance)

- supporting information for granting the request for an exception (i.e. moved, illness, incomplete, didn't complete the course, etc.)
- evidence of an error or break in the registration workflow
- provide verification of the last day the student was seated/attended the class.
- other pertinent information that supports why the student was unable to meet the registration and/or academic commitments of the course.

Documentation must provide a date (or dates) that can confirm the time frame for which the appeal has been submitted.

OFFICE USE ONLY:

- Appeal Form Complete Appeal support attached

Date Received

More Information Needed

Appeal Review Date