

JACKSON COLLEGE

4th Course Attempt Appeal Form

Name _____

Student ID Number _____

Address _____

Degree/Cert _____

City _____ State _____ Zip _____

Catalog of Entry _____

Phone _____ Cell Home _____

Pending Graduation Date _____

Course to be repeated: _____

Please describe what occurred during your first 3 attempts that led you to be unsuccessful in the course (Attach Additional Documentation if needed):

Please describe, in detail, what you are going to do differently during this attempt to be successful (Attach Additional Documentation if needed):

I acknowledge that since this is my 4th attempt at completing this course that Federal Financial Aid does not cover the cost of this course.

Student Signature _____

Date _____

OFFICE USE ONLY

I have reviewed the above appeal for permission to retake a course for the 4th time.

Approved

Denied

Reason: _____

Registrar

Date

If you disagree with the decision that was made by the Registrar, you may appeal the decision in writing to the Dean of Student Services.