

Office of the Registrar Graduation Appeal Form

Request to participate in the Commencement (Graduation) Ceremony with four (or less) credits remaining to complete the degree/certificate requirements.

| Please Print (in CAPS) all the information on the | is form. | |
|---|---|---|
| ACC Banner/Student ID: @ | Social Sec | urity #: |
| Name: | | |
| Address: | | |
| City: | State: | Zip: |
| Telephone: Home | Work | Cell |
| Degree #1: | Degree #2: | |
| Certificate #1: | Certificate #2: | |
| Course Needed | | ollege where Course will be taken |
| Note: | Ct | onege where Course will be taken |
| offered. Before this form is approved | d by the Dean of Students ree/certificate requiremen | the next available semester the required course is s, the student must be registered for the required ats, students will be required to re-apply for Date: |
| | Registrar's Office Use | Only |
| # Credits Needed for \Box Degree or \Box Certific | e e | Credits Currently Registered |
| #Credits Earned | _ | Current QPA |
| | | |
| Registrar's Signature: | | Verification Date: |
| (| Office of Dean of Students | Use Only |
| Approved □ Denied □ | | • |
| Signature: | | Date: |
| Dean of Students | | |

Notice of Non-discrimination: Asnuntuck Community College does not discriminate on the basis of race, color, religious creed, age, gender, gender identity or expression, national origin, marital status, ancestry, present or past history of mental disorder, learning disability or physical disability, political belief, veteran status, sexual orientation, genetic information, or criminal record. The following individuals have been designated to handle inquiries regarding the non-discrimination policies: Cheryl Cyr, Title IX Coordinator, ccyr@asnuntuck.edu (860) 253-3045 and Maki McHenry, Section 504/ADA Coordinator, mmchenry@asnuntuck.edu (860) 253-3021, Asnuntuck Community College, 170 Elm Street, Enfield, CT 06082.