

## Concurrent and Dual Enrollment Appeal Form

### Enrollment Appeal Process:

Students must meet the following requirements in order to be eligible to enroll in D20 sponsored college-level courses:

- No grades lower than a "C" for the previous semester and current semester of high school coursework
- No grades lower than a "B" for the previous semester and current semester in the high school content area for which the student is applying to take advanced coursework
- On-track for graduation and not in need of remedial coursework
- Up-to-date with high school ICAP goals that are aligned to postsecondary planning

A student who does not meet the above criteria must provide the information and documentation provided below in order to initiate the appeal process. The appeal will be reviewed by the district College and Career Services administration committee, and a final decision will be made as to whether the student may enroll in district-sponsored concurrent or dual enrollment.

### Student Information:

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_ School: \_\_\_\_\_

### Eligibility Information and Required Documentation:

**1. Academic Details:**

**In a separate document or series of documents, please provide the following:**

- A copy of your high school transcript
- A list of your current/most recent courses and current grades if they are not yet listed on your transcript
- Your current, up-to-date ICAP SMART goal along with an explanation as to how the concurrent and/or dual enrollment courses you are requesting relate to your postsecondary planning

**2. Typed Personal Statement:** Submit a typed statement explaining your reason for appealing. Please include why you think you were not successful in meeting all the above criteria and what your plans are for next semester that will allow you to succeed. Be as specific as possible.

\_\_\_\_\_  
 Student Signature Date

\_\_\_\_\_  
 Parent/Guardian Name (Print)

\_\_\_\_\_  
 Parent/Guardian Signature Date

Please include all documentation with this form and submit to the College and Career Services Office at 1110 Chapel Hills Drive, Colorado Springs, CO 80920 or via email to [collegeandcareer@asd20.org](mailto:collegeandcareer@asd20.org).

### Office Use Only:

☐ Appeal Granted    Comments:

☐ Appeal Denied

\_\_\_\_\_  
 Signature of College & Career Services Administrator Date