UtahStateUniversity.

Concurrent Enrollment Petition for Academic Record Adjustment

CONCURRENT ENROLLMENT

Proof of Extenuating Circumstances

Requests for refund, academic record adjustment, and/or late drop are approved only upon demonstration of extenuating circumstances that are beyond the student's control and that occurred during the semester for which the student is petitioning. Circumstances considered "extenuating" are defined in Table 1 below along with the minimum documentation required to support a claim. Documentation of all circumstances is required.

Extenuating Circumstances	Minimum Documentation Required	
Incapacitating illness or medical procedure of a student or a student's immediate family member which prevented the student from attending or participating in class(es)	Signed letter (on letterhead) from a licensed care provider. The licensed care provider must indicate that the illness/procedure was incapacitating for at least the minimum time period and	
	made successful completion of the course(s) impossible	
Death of an immediate family member	Obituary, death certificate, or funeral services program.	

If appropriate documentation is not provided or additional documentation is required, it will be requested of the student via email. The student will have five (5) business days to provide that which is requested. If after five business days the requested documentation has not been received and the student has not made contact with requester, this request will automatically be denied, and the student will be notified.

Fees and Policies

There is no fee to request a refund.

- If a refund is being requested for a graded or incomplete course, the student must also request an academic record • adjustment to request that the course be changed to withdrawal status 'W'. If in this situation the academic adjustment is denied, the refund will also be denied.
- Refund and academic record adjustment requests must be submitted within two (2) years of the desired adjustment.
- The student may be required to provide letters from instructors, advisors, and others to validate information provided.
- If this request is denied, the student is allowed one appeal. The appeal must be requested within two weeks of the date he or she is notified of denial.

Student Instructions and Requirements Checklist

- Complete and sign this agreement. Requests will not be processed if not signed.
- Attach an appeal (preferably typed) clearly explaining and justifying the request. Please avoid disclosing personal and/ or private details.
- Attach all supporting documentation. See Table 1 above for minimum documentation requirements. Include a copy of the student's high school transcript.

Please allow up to two (2) weeks for a decision to be made. You will be notified of the decision via email.

Student Agreement and Signature

- I acknowledge that I have read and understood the requirements and policies for requesting a refund, academic record adjustment, or late drop.
- I understand that submitting this request does not guarantee approval.
- I certify that, to the best of my knowledge, the information provided on this form and within any attachment is correct and ٠ free of alteration or falsification.

Student Signature:_____

Date: ____

Student Printed Name:______ Student A#:______ Student A#:______

Request Type

- **Given Section and Fees**
- Past Term Academic Record Adjustment

UtahStateUniversity.

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Student Information				
Last Name:	First Name:	A #:		
Email Address:	Phone #:	High School:		
Semester & Year:	Course:	Instructor Name:		
Specific Action Requested				

Reason for Request

Please write a brief, clear statement as to why an exception should be made.

Student Signature:

	High School Recommendation			
Does the high school approve this st	tudent's request? If yes, please send this comp	oleted form and c	opy of the student's high school	
transcript to concurrent@usu.edu.				
Counselor Signature:			Date:	
Instructor Signature:			Date:	
Registrar Signature:			Date:	
Principal Signature:			Date:	
For Concurrent Enrollment Office Use		e Use		
Director Signature:	Date:		Approved Denied	
Term:	Subject:	Course #:		
CRN:	Detail Code for Late Fee:	Grade:		
Notes:				