

GRADUATION APPEAL

(Attach to Application for Graduation)



Please check the semester and designate the year you wish to graduate:

Summer Fall Spring Year: _____

_____ JCCC ID# _____ Date of Birth

_____ Last Name _____ First Name _____ MI

_____ Day Phone Number _____ Student's Signature

Describe the reason for this appeal (use additional sheets if needed): _____

Appeal Instructions

If you have missed the deadline to apply for graduation (June 15 for summer, October 15 for fall, February 15 for spring) or if you are requesting a waiver of other graduation policies submit this appeal **with** your Application for Graduation form. Include appropriate documentation to support the reason(s) for your appeal. You will be notified of the outcome of your appeal by mail.

Return your Graduation Appeal form **with** attached Application for Graduation to the Success Center (second floor of the Student Center), mail to JCCC Records Office, or fax to 913-469-2300.

Office Use Only

_____ Records Office Signature _____ Date

Approved Denied

Comments: _____

Date Stamp & Initial