



INSTRUCTIONS FOR FILING A PETITION FOR THE ACADEMIC STANDARDS COMMITTEE

1. Students and/or an employee of the College will initiate the petition process.
2. Students will need to work directly with an advisor for guidance and support.
3. Students are required to complete the Academic Standards Petition document. If there is missing information, the petition will be held and the student will be notified and given an opportunity to complete the information.
4. The Student Justification section requires a well-written detailed statement that explains to the committee the circumstances that led to the petition. Students are encouraged to provide official documentation to support the petition.
5. Students completing the petition need to obtain an advisor and instructor/s signature along with their decision to agree or disagree. Advisor and/or instructor/s are encouraged to provide additional comments to assist the committee in their deliberation before arriving at a decision.
6. In lieu of original signatures, emails are accepted from the advisor and/or instructor/s to indicate their decision to agree or disagree with the petition. A student may access the College Directory by clicking <https://www.allegany.edu/college-directory/>
7. Petitions are submitted through the Enrollment Services and Advising Department, Admissions and Registrations Office, located in the College Center. Chelsey Bennett is your point of contact for all submissions and/or any questions, you may email her at cbennett4@allegany.edu or you may reach her by phone 301-784-5140.
8. If you are scheduling or adding a class/es, PLEASE communicate with the instructor and follow their instructions to remain current on your classroom assignments until you have been notified of a decision. If the decision is unfavorable, you will be provided information on the appeal of decision.



12401 Willowbrook Road, SE | Cumberland, MD 21502-2596
 Phone: 301-784-5199 or 301-784-5198 | Fax: 301-784-5027 | admissions@allegany.edu

ACADEMIC STANDARDS FORM

(This form will not be acted upon until complete.)

PLEASE PRINT:

Date Received: ___/___/___

Petitioner's Name: _____

Street Address: _____

City/State/Zip: _____

Advisor Name: _____

Curriculum: _____

I. ACTION REQUESTED

- | | | |
|---|---|---|
| <input type="checkbox"/> Schedule Class/es | <input type="checkbox"/> Total Withdraw ("W" grade) | <input type="checkbox"/> Grade Change |
| <input type="checkbox"/> Add a Course | <input type="checkbox"/> Credit to Audit | <input type="checkbox"/> Take >15 cr on Probation |
| <input type="checkbox"/> Drop a Course ("W" grade") | <input type="checkbox"/> Course Substitution | |
| <input type="checkbox"/> Other: _____ | | |

II. STUDENT JUSTIFICATION (**MANDATORY**)

State the reason for this petition in a separate typewritten letter.

Submitting documentation to support your claims would be helpful (doctor note, obituary, etc.).

III. ACKNOWLEDGMENT

Inaccuracy of the information provided could result in reversal of action by the Committee or further action set forth by the Student Handbook.

 Student's Signature

 Date

IV. ADVISOR'S COMMENTS (completed by **ADVISOR**)

REQUIRED	<input type="checkbox"/> Agree	Comments:	Advisor Signature:
	<input type="checkbox"/> Disagree		Advisor Printed Name:
	<input type="checkbox"/> Letter		Date:
	<input type="checkbox"/> Email		

V. INSTRUCTOR'S COMMENTS (completed by **INSTRUCTOR**)

REQUIRED	<input type="checkbox"/> Agree	Comments:	Instructor Signature:
	<input type="checkbox"/> Disagree		Instructor Printed Name:
	<input type="checkbox"/> Letter		Date:
	<input type="checkbox"/> Email		Attendance: Grade/Course:

REQUIRED	<input type="checkbox"/> Agree	Comments:	Instructor Signature:
	<input type="checkbox"/> Disagree		Instructor Printed Name:
	<input type="checkbox"/> Letter		Date:
	<input type="checkbox"/> Email		Attendance: Grade/Course:

REQUIRED	<input type="checkbox"/> Agree	Comments:	Instructor Signature:
	<input type="checkbox"/> Disagree		Instructor Printed Name:
	<input type="checkbox"/> Letter		Date:
	<input type="checkbox"/> Email		Attendance: Grade/Course:

OFFICE USE ONLY:

Approved
 Denied
 Table
 APPEAL
 APPROVED
 DENIED

NOTES: _____

Chair's Signature

Date



ALLEGANY COLLEGE
 of MARYLAND
 OFFICE OF ADMISSIONS AND REGISTRATION

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COURSE REGISTRATION FORM

(Required Information)

PLEASE PRINT: Student ID: _____ Date of Birth: ___/___/___

Name: _____
 (LAST) (FIRST) (MI)

Address: _____

City/State/Zip: _____ Home Phone: (_____) _____

Is this an address change? Yes No Other Phone: (_____) _____
 (work, cell, etc.)

E-mail Address: _____ Are you employed? Yes No
 If Yes: Full-time Part-time Work Study

CHECK ONE:

Fall 20__

Spring 20__

Summer 20__

STUDENT REQUEST (If you are Auditing, please check the Audit column):

Registration -or- Adding Classes

Section Name and Title	Credit Hours	Days	Time	"X" if Audit (no credit)	Signatures (office use only)

Classes Dropped

I assume responsibility for the above information, registration, and/or changes. I understand that if I fail to properly drop a course by the published deadlines I will be charged accordingly. I acknowledge my responsibility for payment of the tuition and fees generated by this form. I am aware that any changes may affect my financial aid.

Student's Signature _____ Date _____ Advisor's Signature _____ Date _____