Barton County Community College
Academic Clemency Appeal Form

I hereby petition to have my Barton County Community College academic transcript amended in accordance with the Academic Clemency policy.

Name: _____ Maiden or other names: _____

SSN: _____ Date of Birth: _____

Address: _____
Street City State Zip

Phone Number: _____

Semester (s) of attendance for which Academic Clemency is requested:

_____

_____

Please attach a letter explaining the extenuating circumstances for the semester (s) listed above.
(Appeal forms received without a letter will not be submitted to the Review Committee)

Outline briefly, your future plans:

_____

_____

_____

_____

How will Academic Clemency help you to meet these goals:

_____

_____

I understand the policy guidelines and limitations as printed on the back of this form, and hereby submit my appeal for Academic Clemency.

_____ _____
Student Signature Date

Office Use Only:

Reviewed by: _____ Comments: _____

_____

Reviewed by: _____ Comments: _____

_____

Reviewed by: _____ Comments: _____

_____

Approved: ☐ Yes ☐ No

Vice President of Instruction and Student Services Signature: _____

Comments: _____

(A copy of this form will be sent to each Dean who have faculty in the area of the requested clemency. The Dean will make copies for each faculty member to review the request and transcript. These copies and recommendations will then be presented at a Dean's Meeting before being sent to Vice President of Instruction and Student Services for final approval.)