Appeal Form - Concurrent Enrollment Baker University 2023-24

This form is for high school students who have a grade point average (GPA) below 3.0 and want to enroll in a class offered concurrently between Baker University and his/her high school. To move forward with the appeal process, this form must be completed by the student and receive the recommendation of the classroom teacher and the high school counselor. An unofficial copy of the student's academic record provided by the school counselor should accompany the appeal form. Submit the completed form and academic records to candi.stewart@bakeru.edu for final review and approval decision.

Student Demographic Information (all required) Name:_ Middle First Last Address: _ Zip Home phone Gender: _ (male/female) Mobile phone Social Security Number: _____ ___ ___ Birthdate: __ (MM/DD/YYYY) Do you consider yourself Hispanic/Latino/Latina?

Yes Ethnicity (check all that apply): ☐ American Indian or Alaska Native ☐ Asian □ Other ☐ Black or American ☐ Native Hawaiian or other Pacific Islander ☐ Nonresident Alien Are you a U.S. citizen? □ Yes \square No Name of High School_ Current GPA____ Course(s) enrollment requested: Baker Crs # Title Credit Hours term (i.e.: fall, spring, full year) Baker Crs # Title Credit Hours term (i.e.: fall, spring, full year) Reason for current GPA: (to be completed by student—Please be specific and thorough) Efforts to improve on current academic status: (to be completed by student—Please be specific and thorough)

Student Signature: _____ Date: _____

Updated 8-23-23

Parent Signature:	Date:			
NOTE: Upon review of the appeal by the Director of Concurrent Credit and the University Registrar, the student and high school counselor will be notified. If approved, an enrollment link will be sent. The student will use this link to enroll in requested courses. Payment of \$118 per credit hour will completed online and due at the time of enrollment.				
(To be completed by school	and university)			
Note to Counselor: Please sub	mit an unofficial copy of the	student's academic	records with tl	nis GPA Appeal Form
Counselor and Teacher Recomme	7.			
Teacher's Signature:				
	(print name)	(signati	ıre)	(date)
Counselor's Signature: (print name)		(signature)		(date)
For Baker University Use Only: After review of the GPA Appeal Information for this student, this appeal to enroll in a Baker Concurrent Credit Course: Is Granted Is Not Granted Concurrent Credit Coordinator: (signature) (date) University Registrar: (signature) (date)				