

## Student Appeal Form (to be completed by student)

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

High School: \_\_\_\_\_ Grade: \_\_\_\_\_ GPA: \_\_\_\_\_

Name of course appealing to enroll in: \_\_\_\_\_

**Reason for Appeal:**

- Waive GPA Requirement
- Waive Accuplacer/ACT Cut Score Requirement
- Waive Course Prerequisite
- Other (explain):

**Reason why the college should consider this appeal for you (the student):**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please attach a brief letter/email of recommendation from the counselor, teacher or administrator stating support for the student to enroll in a college-level course and send the completed appeal form to:

Erin Warren, Associate Director of Dual Enrollment

Email: erin.warren@minnesota.edu

Mail: M State, 1414 College Way, Fergus Falls, MN 56537, Attn: Erin Warren