



# HARVARD DIVISION OF CONTINUING EDUCATION

Harvard Extension School • Harvard Summer School

Office of Academic Services • 51 Brattle Street, Cambridge, MA 02138-3722 • (617) 495-0977 • fax: (617) 495-3662 • [appeals@dcemail.harvard.edu](mailto:appeals@dcemail.harvard.edu)

## Student Appeal Form

If you miss a registration change deadline and there are no other options available (such as registering for a future term, withdrawing or requesting an extension of time), you may be eligible to submit an appeal to the Financial and Registration Committee for an exception to a registration or financial policy. Only appeals for the current term will be considered. Your complete appeal must meet the criteria below.

### Compelling and extenuating reason

Your reason for missing the registration change deadline is compelling and extenuating. The Financial and Registration Committee does not consider workload issues, software and hardware difficulties, financial constraints, minor illness, unsatisfactory academic progress, failure to meet course prerequisites, lack of preparation, negligence or vacations to be extenuating.

### Documentation

Two pieces of supporting documentation are required with the exception of medical documentation. Documentation must be on letterhead paper, be written in English, be signed by the appropriate person in an official capacity, include specific dates and include an explanation of your circumstances. Medical documentation must be in the form of a letter—written and signed on a medical provider’s letterhead—that describes the illness, specific dates of the illness and your relevant functional limitations. Documentation will not be returned.

### Financial standing

You must be in good financial standing with Harvard University.

#### **Timeliness is an important consideration in the appeal process!**

- If it is before the deadline to drop courses with a 50% tuition refund, contact Academic Services immediately. Complete student appeals received before this deadline are reviewed on a rolling basis.
- If it is after the deadline to drop courses with a 50% tuition refund, complete student appeals received by noon EST/EDT on Thursday will be scheduled for review the following Thursday.

### Instructions

- Contact Academic Services before submitting a student appeal.
- Complete the Student Appeal Form. Include a hand-signed statement as directed on page 3.
- Provide the nonrefundable \$50 student appeal fee by completing and hand-signing the Student Appeal Fee Payment Form. Personal checks are not accepted. This fee is nonrefundable even if you cancel your appeal.
- Include your supporting documentation.
- Complete and include the relevant registration or registration change form as well as full payment of any due tuition and/or fees. Personal checks are not accepted.
- Deliver, fax or scan and e-mail your complete appeal to Academic Services as soon as possible.

### Please note

- Only complete appeals will be considered. Incomplete appeals will be canceled.
- As part of the appeal process, the Student Appeals Specialist will contact your instructor for feedback on your participation in the course.
- Appeal materials are confidential and are only shared with members of the Financial and Registration Committee.
- The Financial and Registration Committee meets weekly during the term—from the second week of classes to the week before the final exam period. The Committee does not meet between terms.
- You will be notified of the Committee’s decision by e-mail.

**Please keep this page for your information.**



## Student Appeal Form

DCE ID NUMBER (if known)	OR	HARVARD ID NUMBER
@		

(see [www.extension.harvard.edu/login](http://www.extension.harvard.edu/login) or [www.summer.harvard.edu/login](http://www.summer.harvard.edu/login) if unsure)

FULL LEGAL NAME (exactly as printed on your government-issued ID)		
Last/Family/Sur name(s)	First/Given name(s)	Middle name(s)

PRESENT ADDRESS (number, street, and apartment number)			
Street			
City		State/Province	Zip/Postal code
Country (if not US)	Telephone number (including area/country code)	Cell phone number (including area/country code)	
E-mail address (Must be student's personal and unique address. Please provide only one e-mail address.)			

Term:  Fall  January session  Spring  Summer

### Check appeal request:

- Late register
- Add a course
- Add and drop a course
- Reinstate in a course
- Change credit status
- Withdrawal (course remains on record with WD/WN grade; no tuition refund)
- Drop course from record with 100% tuition refund
- Drop course from record with 50% tuition refund
- Refund of room and board charges

ATTENDANCE. List the course title and the number of lectures you have attended or participated in for each course listed below.	
Course title	Number of lectures attended or participated in
Course title	Number of lectures attended or participated in

5-digit course reference no. (CRN)					Subject	Subject number	Credit status (NC, UN, GR)	Course title (and section number, if applicable)
1	2	7	1	3	ENGL	E-102	UN	Introduction to Old English Literature ( <i>example</i> )

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FULL LEGAL NAME (exactly as printed on your government-issued ID)		
Last/Family/Sur name(s)	First/Given name(s)	Middle name(s)

Detail why you need to make the registration change, why you missed the deadline to do so and why you have not taken action regarding the matter until now. Include all relevant facts and dates. Limit your statement to no more than two pages using the back of this page if necessary.

I certify that all of the above information is true and complete to the best of my knowledge.	
Signature _____	Date _____

# Student Appeal Fee Payment Form

**For office use only**  
 Academic Services: \_\_\_\_\_  
 Term code: \_\_\_\_\_

Use this form to provide the nonrefundable student appeal fee of \$50.

Please clearly print all information.

<b>DCE ID NUMBER</b> (if known)	<b>HARVARD ID NUMBER</b> (if known)	<b>DATE OF BIRTH</b> example: J   A   N   0   1   1   9   9   4
@	OR	
<small>(see www.extension.harvard.edu/login if unsure)</small>		Month (MMM)      Day (DD)      Year (YYYY)

FULL LEGAL NAME (exactly as printed on your government-issued ID)		
Last/Family/Sur name(s)	First/Given name(s)	Middle name(s)

PRESENT ADDRESS (number, street, and apartment number)			
Street			
City		State/Province	Zip/Postal code
Country (if not US)	Telephone number (including area/country code)	Cell phone number (including area/country code)	
E-mail address (Must be student's personal and unique address. Please provide only one e-mail address.)			

## Payment type (check one):

- Investment/Trust fund check\*  
  Money order\*  
  Credit card (see below)

\* Please make payable to Harvard University. Include your name and date of birth on the check or money order.

## Payment by credit card

You must complete all of the following sections before your registration can be processed.

AUTHORIZATION
<small>You must check the authorization box and enter the amount to be charged.</small>
<input type="checkbox"/> I authorize Harvard University to charge my credit card in the amount of \$ _____.

CARD	CARD NUMBER	EXPIRATION DATE
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		example: J   U   N   2   0   1   5 Month (MMM)      Year (YYYY)
	<b>SECURITY CODE†</b>	

† The credit card security code is found either on the back of the card, as the last three digits printed on the signature strip, or, for American Express, as a four-digit code found on the front of the card, above and to the right of the credit card number.

CARDHOLDER'S NAME (please print)	CARDHOLDER'S SIGNATURE

CARDHOLDER'S BILLING ADDRESS		
Street		
City	State/Province	Zip/Postal code
Country (if not US)	Cardholder's telephone number (including area/country code)	

I certify that all of the above information is true and complete to the best of my knowledge.  Signature _____ Date _____
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