



# Early Entry Enrollment Appeal Form

**To be completed and signed by Student, Parent/Legal Guardian AND Early Entry Program Coordinator**

Date of Request: \_\_\_\_\_

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

Course(s) Requested: \_\_\_\_\_

High School: \_\_\_\_\_

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Year \_\_\_\_\_

Reason for Appeal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature/Date

\_\_\_\_\_  
Parent/Legal Guardian Signature/Date

Cell phone # and/or email: \_\_\_\_\_

<p><b>For NDSCS Use Only</b></p> <p><input type="checkbox"/> Appeal Approved</p> <p><input type="checkbox"/> Appeal Denied</p> <p>_____ Early Entry Program Coordinator Signature/Date</p>
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**Please Retain a Copy of This Form for Your Records**