## 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:	Email Address:	
Semester (s) of attendance for whi	ich Academic Clemency is requested:	
	the extenuating circumstances for the vill not be submitted to the Review Committee)	semester (s) listed above.
Outline briefly, your future plans:		
How will Academic Clemency he	lp you to meet these goals:	
I understand the policy guidelines	lp you to meet these goals:	f this form, and hereby submit my
	and limitations as printed on the back of	f this form, and hereby submit my
I understand the policy guidelines appeal for Academic Clemency.	and limitations as printed on the back of	
understand the policy guidelines appeal for Academic Clemency. Student Signature Office Use Only:	and limitations as printed on the back ofComments:	Date
I understand the policy guidelines appeal for Academic Clemency. Student Signature Office Use Only: Reviewed by:	and limitations as printed on the back ofComments:	Date
I understand the policy guidelines appeal for Academic Clemency. Student Signature Office Use Only: Reviewed by: Reviewed by:	and limitations as printed on the back ofComments:	Date
I understand the policy guidelines appeal for Academic Clemency. Student Signature Office Use Only: Reviewed by: Reviewed by: Reviewed by:	and limitations as printed on the back ofComments:Comments:Comments:Comments:	Date

Meeting before being sent to Vice President of Instruction and Student Services for final approval.)