Niagara County Community College
Office of Enrollment and Student Services

Appeal Request for Admission

Name: _____
(Please Print) **Last** **Any Other Last Name** **First** **MI**

Address: _____
Street **City** **Zip Code**

Social Security#: _ _ _ - _ _ - _ _ _ **Phone#:** (_ _ _) _ _ _ - _ _ _ _ **Email Address:** _____

Appeal Statement: Please provide a statement outlining why this appeal has merit.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

ATTACH ANY DOCUMENTATION TO SUPPORT YOUR APPEAL STATEMENT

I certify that all admission and appeal information provided to Niagara County Community College is factual. I understand the appeal process and accept that the decision of the Admission Appeal Board is final.

Signature: _____ **Date:** _____

APPEAL BOARD ASSESSMENT

____ **Approved** ____ **Denied**

Rationale for Decision/Recommendations: _____
_____