

**\*All Appeals must INCLUDE a copy of the Health Applicant Rating Form (HARF) and any supporting documentation\***

**Email to** **healthproadmissions@faytechcc.edu** **OR deliver in person to:**

**-Allied Health Technologies Program Applicants: Health Technologies Center (HTC) Room 142**

**-Nursing Program Applicants: Nursing Education and Simulation Center (NESC) Room 213**

| HEALTH AUDIT APPEAL FORM |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |       |  | Student ID Number: |       |
| Program Applied to: |       |  | Date: |       |
| Student Email: |       |  | Student Phone Number: |       |

**REASON FOR APPEAL**

**[ ]** PRE-REQUISITE/ELIGIBILITY ITEM

**[ ]** PLACEMENT MATH / ENGLISH [ ]  ATI TEAS REQUIREMENT

 [ ]  High School BIOLOGY / CHEMISTRY

| Comments: |       |
| --- | --- |

 **[ ]** Course repeat policy (Pre-Requisite or Science related):

| Which Course(s)? |       |
| --- | --- |

[ ]  Expired Credit:

| Which Course(s)? |       |
| --- | --- |

[ ]  COMPETITIVE POINT RE-CALCULATION BASED ON:

 **[ ]** Missing Course or Credit

| COURSE NAME(S): |       |
| --- | --- |
| COLLEGE(S) / SCHOOL: |       |

[ ]  Health Grade Point Average

[ ]  Other: Please explain thoroughly (may use back of form)

|       |
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|       |

\*You will be contacted within the next five (5) business days via your student email account in response to your appeal \*

AUDIT FINDINGS (to be completed by AUDITOR) DATE:

RESULTS**:** [ ]  RATING CORRECT AS IS [ ]  RATING CORRRECTION MADE

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