FTCC Logo
Fayetteville Techincal Community College


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

**Email to** [**healthproadmissions@faytechcc.edu**](mailto: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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