



DUAL CREDIT COUNCIL
Appeal #: 2016-XXXXXX

APPEAL FORM

****All appeals to the Dual Credit Council must include this form****

This appeal to the Dual Credit Council is hereby filed pursuant to 6.30.7 NMAC. The joint appeals decisions of the New Mexico Higher Education Department and Public Education Department are final.

This form must be submitted electronically to the Dual Credit Council via the Dual Credit Administrator.

Date Received by
Dual Credit Council

I. APPEAL INFORMATION

Date of Appeal:
Type of Appeal:
Please Specify:

II. APPELLANT INFORMATION

DISTRICT				
	Name	Title	Phone	Email
	District Name		Address	City, State, Zip Code

POST SECONDARY				
	Name	Title	Phone	Email
	Postsecondary Institution Name		Address	City, State, Zip Code

Primary Contact:	
-------------------------	--

III. DETAILED APPEAL NARRATIVE

Describe: (1) the reason for the appeal; (2) key issues; (3) limitations posed by existing rules; (4) the request (*500 words or less*); and if applicable, (5) implications for student high school graduation and college readiness.

V. LIST OF APPELLANT ATTACHMENTS

Please indicate the name of each attachment filed electronically with this appeal. Add items as necessary.

- 1.
- 2.
- 3.

VI. DUAL CREDIT COUNCIL RECOMMENDATION

Recommendation of Proposed Action			
<input type="checkbox"/> Accept	<input type="checkbox"/> Accept, with changes	<input type="checkbox"/> Reject	<input type="checkbox"/> Resubmit with additional documentation
Reason for Recommendation			

VII. DUAL CREDIT COUNCIL DECISION

Action Regarding Appeal		
<input type="checkbox"/> Accept	<input type="checkbox"/> Reject	<input type="checkbox"/> Other:
Reason for Decision (if applicable)		

Dual Credit Council Signatures			
Name (Print)	Public Education Department	Name (Print)	Higher Education Department
Signature		Signature	
Date		Date	
Name (Print)			
Dual Credit Council Chair			
Signature			
Date			