



## Graduation Review Board Appeal Form

Registration and Records, Building 6, MS 6-4  
PO Box 98000 MS 6-4 ~ Des Moines, WA 98198-9800  
(206) 592-3242 message line | [graduation@highline.edu](mailto:graduation@highline.edu) | [registration.highline.edu](http://registration.highline.edu)

Students who do not agree with the information listed on their official graduation evaluation may petition the Graduation Review Board. To petition, complete and submit this form to the Registration Office. You may also scan and email to [graduation@highline.edu](mailto:graduation@highline.edu).

*Please allow 8 weeks for processing. The Graduation Review Board will contact you by email with the outcome of the appeal.*

### Student Information

Last Name	First Name	M.I	ctcLink ID Number		
Mailing Address		City	State	ZIP	Phone
myHC Email (example@students.highline.edu)			All Previous Names Used		

### Appeal Information

What are you appealing? Check all that apply below.

☐ Degree Evaluation    ☐ Certificate Evaluation    ☐ Transfer-in Credit Evaluation    ☐ Graduation with Honors Evaluation

Please list the specific reason(s) for your appeal and attach supporting documentation, if needed.

I understand that my appeal will be submitted to the Graduation Review Board for review. A majority vote is required to grant an appeal or waiver. Four members shall constitute a quorum. The decision of the Graduation Review Board is final. There is no other method of appeal.

Student Signature		Date	
<b>FOR OFFICE USE ONLY</b>	EPC	Grad Office: Approve <input type="checkbox"/> Deny <input type="checkbox"/>	Rec'd Stamp
Date Sent to Board:	Final Vote: ___ Y / ___ N / ___ Abs	Final Decision: Approve <input type="checkbox"/> Deny <input type="checkbox"/>	
Registrar: <input type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> Abs Date: Comments:	VP Acad Aff: <input type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> Abs Date: Comments:	VP Students: <input type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> Abs Date: Comments:	
Faculty Seat 1: <input type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> Abs Date: Comments:	Faculty Seat 2: <input type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> Abs Date: Comments:	Faculty Seat 3: <input type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> Abs Date: Comments:	