Bucks County Community College Appeal for Late Submission of an Alternative Proctor Form

You may appeal to submit an Alternative Proctor Request Form after the deadline indicated on the Academic Calendar due to medical, personal, or employment-related situations that were beyond your control. Please use the attached form. Appeals that meet the minimum requirements will be forwarded and reviewed by the Dean of the Department and communicated to the instructor.

Reasons that are not considered acceptable:

- Late registration/starting the course late
- Non-attendance
- No knowledge of alternative proctor request deadlines
- Convenience

• The instructor said they would take care of it. Students are responsible for submitting their own request forms.



Bucks County Community College

Student Appeal for Late Submission of an Alternative Proctor Request Form

College policy states that alternative proctor request forms must be submitted by the deadline listed on the Academic Calendar. No forms will be accepted after that date. However, the college realizes that there are extenuating circumstances that can prevent a student from meeting the deadline.

For all appeals, include a personal statement of the situation. Be as specific as possible to dates and circumstances in your explanation.

Attach all documentation to support your appeal to this form:

- For **medical** issues, include a letter from a physician or other medical practitioner, on letterhead, attesting to your condition and why it necessitates proposing an alternative proctor after the deadline.
- For a death in your immediate family (parent, sibling, spouse, grandparent, or child), please include a copy of the death certificate or obituary.
- For **change in employment**, submit a letter from your employer, on letterhead, stating date of change and revised hours.
- For **change of residence/location**, submit documentation showing notification date that necessitated the change
- For **deployment or reassignment for active military service**, submit a copy of official documentation of deployment or reassignment including date of notification.
- For any **other** situation, attach supporting documentation that can be verified.

Complete this form and submit it to the **BUCKS ONLINE** office via fax (215-968-8148) or email to <u>online@bucks.edu</u> from your Bucks email account (submissions from personal email accounts will not be accepted.) You will receive <u>email</u> notification of the decision to your Bucks student email account.

Semeste	r: Fall Spring _	Summer	Winter
Course(s)/Section(s) Involved:		
Please pr	int:		
	Last Name	First	Middle
	Address		
	City	State	Zip
			—·1-
	Telephone number	Student number	
	·		

Reason for Appeal: (If more space is needed, please attach a separate page.) **Please note: Supporting documentation MUST be submitted with the appeal.**

I declare the foregoing to be to the best of my knowledge and belief, an accurate statement of facts. It is understood that any false statement(s) may be sufficient reason for refusal of my appeal.

Signature of Student

Date

Appeals that do not meet all requirements will be returned without being reviewed.

For College Use Only

Approve

Deny

Bucks County Community College/Dean/Department Date