

Piedmont Technical College
Nursing and Allied Health Science Appeal Process and Guidelines

To comply with the Allied Health Science and Nursing Admission and Wait List procedures as outlined in the Health Science Information Session packet and the college catalog, students may repeat core courses and biology courses only one time to achieve a grade of “C” or better. These courses include: ENG 101, MAT 100/101, MAT 102, MAT 120, AHS 102, PSY 201, BIO 106, BIO 210, BIO 211, and PHM 202.

Additionally, students may have only two attempts in a nursing or allied health science program. This policy also applies to coursework transferred from other colleges and universities. The college realizes, however, that there may be extenuating circumstances, and for this reason, appeals may be considered.

Appeal process:

1. Completed appeal form should be submitted by mail to:
Nursing: Becky King, Dean of Nursing Education
Allied Health Science: Lena Warren, Interim Dean of Allied Health Sciences
Piedmont Technical College
PO Box 1467
Greenwood, SC 29648
Allied health and nursing appeals are considered separately. Therefore, an appeal must be submitted to both deans if allied health and nursing majors are selected. All information must be accurate and completed in full. Incomplete appeal forms will be returned without being reviewed.
2. A written statement, support documentation and college transcripts (unofficial) must accompany the appeal. These attachments are detailed on the appeal form.
3. Appeals will be considered three times per year. Appeal forms must be received by the following deadlines: September 1, February 1, and June 1. All appeals will be reviewed within three weeks of the above dates.
4. The student requesting the appeal will be notified in writing by the appropriate dean of the decision within three weeks of the deadline.
5. While the appeal decision is being reviewed, a student may enroll in other core courses, but should not enroll in the course being appealed.
6. Students who are granted an appeal must fulfill the requirements specified in the notification letter. If the student does not fulfill contract specifications, the student will be dropped from a third course attempt and no further appeal will be considered.

**Piedmont Technical College
Nursing and Allied Health Science Appeal Form**

Name: _____ Student ID No. _____

Address: _____

City, State, Zip _____

Telephone: (Home) _____ (Cell) _____

E-mail or alternate phone number: _____

Major (Appeals for allied health and nursing are considered separately. Submit a separate appeal if one major is in allied health area and one major is in nursing.):

Major 1: _____ Major 2: _____

Check reason for appeal:

- A.** Request to repeat the following course(s):
- | | |
|---|-------------------------------|
| <input type="radio"/> ENG 101 | <input type="radio"/> BIO 106 |
| <input type="radio"/> MAT 102 | <input type="radio"/> BIO 210 |
| <input type="radio"/> MAT 120 | <input type="radio"/> BIO 211 |
| <input type="radio"/> PSY 201 | <input type="radio"/> AHS 102 |
| <input type="radio"/> MAT 100/101 (SUR or MED only) | |

OR

- B.** Request to have the following course(s) accepted after successfully completing it in a third attempt:
- | | |
|---|-------------------------------|
| <input type="radio"/> ENG 101 | <input type="radio"/> BIO 106 |
| <input type="radio"/> MAT 102 | <input type="radio"/> BIO 210 |
| <input type="radio"/> MAT 120 | <input type="radio"/> BIO 211 |
| <input type="radio"/> PSY 201 | <input type="radio"/> AHS 102 |
| <input type="radio"/> MAT 100/101 (SUR or MED only) | |

OR

- C.** Request for admission to the following program after two unsuccessful attempts.
- | | |
|--|---|
| <input type="radio"/> Nursing | <input type="radio"/> Pharmacy Technician |
| <input type="radio"/> Respiratory Care | <input type="radio"/> Surgical Technology |
| <input type="radio"/> Radiology Technology | <input type="radio"/> Medical Assisting |

Check the reason that this appeal had to be made:

- Excessive absenteeism
- Family sickness or death
- Personal sickness
- Lack of study time due to work or family responsibilities
- Other (describe): _____

Attach the following with this appeal form:

1. Written statement to explain, in detail, the background situation for the reason checked above. Describe the specific action(s) you would take to ensure future success. This must be typed, not to exceed one page, double spaced.
2. Documentation to support this appeal.
3. Unofficial transcript, if coursework was not taken at Piedmont Technical College.

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Nursing: Becky King, Dean of Nursing Education
Allied Health Science: Lena Warren, Interim Dean of Allied Health Sciences
Piedmont Technical College
PO Box 1467
Greenwood, SC 29648

Student Signature: _____ Date: _____

For office use	
Form received (date):	_____
Decision of appeal:	_____

Signature of Dean:	_____ Date: _____
Signature of Vice President:	_____ Date: _____
Decision letter sent to student on (date):	_____
Documentation on SPACMNT (date):	_____