



ACADEMIC / PROGRESS DISMISSAL APPEAL
Admissions & Records

Date Appeal Rec'd	_____
All Units (UG)	_____
FCC Units (FC)	_____

SECTION I - I wish to appeal my current academic/progress dismissal based upon documented extenuating circumstances beyond my control.

Name: _____ ID: _____
First MI Last

Current _____ Current _____

Address: _____ Email: _____
Number and Street City State Zip

INSTRUCTIONS:

1. Student must appeal to the campus in which they are enrolled, or will enroll, for the majority of their units.
2. If extenuating circumstances are Medical, take form with medical documentation to the Health Services (Nurses office) for signature in Section II. **If not Medical circumstances**, check the appropriate box in Section III, **and submit supporting documentation with appeal.**
3. Student must attach a recent Student Education Plan (SEP) with appeal.
4. Write a clear and concise statement, in Section IV, why you should be granted continued enrollment.

Section II – MEDICAL EXTENUATING CIRCUMSTANCES –Documentation from a medical professional verifying your condition or accident, must be submitted to the Health Services Department, Student Services Building, downstairs.

Health Services department use – ONLY

Nurse Signature _____ Date _____

Section III – OTHER EXTENUATING CIRCUMSTANCES (Check One below)

Reliable third party documentation verifying your extenuating circumstances must be submitted with appeal.

- Death in the immediate family.
- Jury duty.
- Military Active Duty
- Circumstances outside student's control

Student Signature: _____

Date: _____

******* APPEAL DECISION *******

Approved

Denied

By: _____

Date: _____

