**Academic Dismissal Appeal**

Student ID 98-__________-________ Email: __________________________@students.deltacollege.edu

First Name ___________________________________________ Last Name ___________________________________________

Reference: Title 5, Section 55033 and 55034

You have the right to appeal your dismissal if you believe facts exist that warrants an exception to the dismissal action. It is your responsibility to indicate on the petition a clear statement of the grounds for which continued enrollment should be granted and to provide strong evidence supporting the reasons. You will remain on dismissal status during the appeal process. The Director of Admissions and Records will make the final decision regarding your appeal, which will be communicated to you within 15 business days of receipt of your petition.

If you fail to file an appeal by **July 25, 2014**, you waive all future rights to appeal the dismissal action.

**Dismissal appeals may be granted under the following circumstances:**

1. If the dismissal is based on your academic record for one or more semesters, in which your academic record does not reflect your usual level of performance due to accident, illness, or other circumstances beyond your control. (Submission of documentation is required at time of filing petition.)

   OR

2. If you have at least one semester (with a term grade point average of 2.0) in three consecutive semesters (excluding summer intersession) considered for dismissal, and you provide a corrective plan of study as determined by a College Counselor with a prescribed enrollment limitation during the semester and you seek support services as recommended.

**On a separate sheet of paper, please write a clear statement of the grounds on which your continued enrollment should be granted.** Attach your written statement and evidence supporting your appeal.

**By signing below, I understand the conditions by which my appeal is being granted and I will adhere to all conditions set forth by my counselor.**

X ____________________________ ____________________________

Student Signature Date

**************Counselor Acknowledgement and Signature Required**************

Your Appeal of Academic Dismissal is recommended with the following conditions:

- You must meet regularly with a counselor to discuss personal issues that may arise so that a Student Education Plan can be developed to maintain balance in your school, personal, and/or work needs.
- You must follow the Student Education Plan concerning course enrollment AND recommendations for support services.
- You are to utilize support services provided by the Math & Science Learning Center, Reading & Writing Learning Center. Recommended: a minimum of 3 hours per week. Contact the Tutorial Center at 954-5542 to set up a schedule.
- Establish as your primary goal to remove yourself from probation.
- Earn grades of A, B, C, or P and complete at least 50% of all courses in which you enroll.

You are limited to a total of _______ units of enrollment.

- Failure to limit your enrollment to the specified number of units will result in your dismissal for the Spring 2015 term.
- Failure to successfully complete the classes you enroll for the Fall 2014 term will result in your dismissal for the Spring 2015 term.

Submit to: Admissions and Records window located in the DeRicco Student Services Building - 1st Floor
I have provided the student with a corrective plan of study.

I have discussed all of the above conditions that must be met with the above -named student. Student enrollment is limited to _____ units needed for the declared plan of study per the attached Student Education Plan (SEP).

Other

Counselor Recommendation: _______________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

X

Counselor Signature

Date

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Director of Admissions and Records Only******************************************************************************

☐ Granted

☐ Pending

     Need Appointment with Director of Admissions & Records

     Need More Documentation: _____________________________________________________

☐ Denied

X

Director of Admissions and Records Signature

Date

Revised 6/12/14