

Amarillo College Academic Suspension Appeal Form

To be completed by the student and submitted to the Office of the Registrar

Name: _____

Student ID#: _____

Current Address: _____

Current Home Phone Number: _____

Current Cell Phone Number: _____

E-mail: _____

Major: _____

Name of your Academic Advisor: _____

Check one: First Suspension Second Suspension More than 2

Please answer the following questions:

1) In the past year, how often have you met with your Academic Advisor?

Never 1-2 times 3-5 times 6 or more times

2) Place an "X" by the campus services that you have used in the past year and provide supporting documentation from that service to the committee:

<input type="checkbox"/> Math Lab	<input type="checkbox"/> Disability Services
<input type="checkbox"/> Tutoring	<input type="checkbox"/> Advising Services
<input type="checkbox"/> Writer's Corner	<input type="checkbox"/> Career & Employment Services
<input type="checkbox"/> Attended campus activity	<input type="checkbox"/> Adult Students Program

3) If an appeal is granted, how many credit hours do you plan to take in the upcoming semester? _____

4) If an appeal is granted, do you plan to work while attending college?

If you do plan to work, how many hours per week? _____

Please answer the following questions in written form and attach your answers to the appeal form along with all supporting documentation. Your responses MUST be typed.

- 1) What extenuating or extraordinary circumstances contributed to your lack of academic success? Explain how the circumstances affected your academic performance. **Provide the Committee appropriate documentation about your circumstances and supporting documentation from campus resources you have utilized.**
- 2) Explain how the circumstances have been resolved that will allow you to perform at a satisfactory academic level.
- 3) What strategies and resources do you plan to use that will help you be academically successful?
- 4) Why should the Committee grant your appeal and allow you to return to Amarillo College the following semester?
- 5) What additional information do you want the Committee to consider in the review of the appeal?

Return this form, your responses to the questions, and any documentation to:
Office of the Registrar
PO Box 447
Fax 806-371-5066
If you prefer to submit an electronic copy, you may email it to the Registrar at
kdbrice@actx.edu

Please read the following three statements and sign below:

1. I consider this form, and the attached typed appeal letter and documentation, as my formal appeal of Academic Suspension.
2. I certify that the documentation that I have submitted in support of my formal appeal is original, true, and correct to the best of my knowledge.
3. I give permission to the Academic Appeals Committee to contact my former faculty and other college personnel who have worked with me as well as anyone providing copies of paperwork/documentation for the appeal if necessary.

Signature of Student

Date

For Official Use Only:

Date received by the Registrar: _____ / _____ / _____

Documentation Included? Yes _____ No _____

Date of Appeal Hearing: _____ / _____ / _____

Appeal: Granted _____ Rejected _____