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:
   ____ Math Lab
   ____ Tutoring
   ____ Writer’s Corner
   ____ Attended campus activity
   ____ Disability Services
   ____ Advising Services
   ____ Career & Employment Services
   ____ 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 ________