North Hennepin Community College

7411 85th Avenue North
Brooklyn Park, MN 55445-2299
Counseling and Advising / ES 69 / 763-424-0703
Financial Aid / ES 46 / 763-424-0728

Appeal Academic and/or Financial Aid Suspension

Last Name _____ First Name _____ Middle Initial _____ Student ID or Social Security Number _____

Street Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____ Term and Year Requesting Reinstatement _____

~~~~~~~~~~To appeal **Academic and / or Financial Aid Suspension** complete steps **1 - 3** below ~~~~~~~~~~

1. Check type of appeal:
   - ☐ Academic Suspension
   - ☐ Financial Aid Suspension
   - ☐ Both Academic & Financial Aid

   AND

   Check all that apply:
   - ☐ This is my first suspension
   - ☐ I have been suspended before
   - ☐ I am suspended from another college
2. Attach **required** information: (**Important** - Appeals submitted without required attachments will not be reviewed).
   - ☐ Completed Academic Improvement Plan
   - ☐ Supporting documentation of extenuating circumstances
3. Submit completed appeal and attachments to the Counseling/Advising Office as soon as possible.
   Important - Appeals submitted after the deadline will be denied. For deadline information, see www.nhcc.edu/dates .
   - If your appeal is approved, you will be notified **via email** to schedule an appointment to review the conditions of your appeal with a counselor or advisor. **Important – Make sure the email you provide is up to date and that you check it regularly**. You **must** attend your appointment prior to future registration/class attendance.

NOTE: Please allow 7-10 business days for your appeal to be processed. If your Academic Suspension Appeal is approved, and your Financial Aid Suspension Appeal is denied, you are responsible for full payment of tuition and fees. If you choose not to attend NHCC, you are responsible for dropping/withdrawing from your classes.

By signing below I certify that I completed this appeal and that the information contained in this appeal is true to the best of my knowledge.

REQUIRED Student Signature: _____ **Date:** _____

~~~~~~~~~~ **Appeal Decision and Conditions – Office Use Only** ~~~~~~~~~~

☐ First-Time Suspension ☐ Multiple Suspension GPA _____ Completion Rate_____%

Appeal is approved for: ☐ **Academic Suspension** ☐ **Financial Aid Suspension**

Approval Conditions:

- ✓ You may register for _____ term and you may register for no more than _____ credits.
- ✓ You are required to earn at least a **2.5** term GPA and **100%** term completion rate.
- ✓ You are required to register for _____ course(s).
- ✓ You must bring completed Self-Evaluation Reports for each class to a mid-term advising appointment by _____.
  (You will be unable to take advantage of early registration next term if you do not meet your mid-term advising date.)
- ✓ You must attend/complete _____campus/GPS workshop(s) and / or projects.
- ✓ You are advised to repeat courses with a "D" or "F" grade to improve your GPA (note: – this *lowers* your completion rate).
- ✓ You must meet with _____ by _____ to review the terms of this appeal.
- ✓ Other _____.

Appeal is denied for: ☐ **Academic Suspension** ☐ **Financial Aid Suspension**

Denial Reason(s):

- ☐ Situation does not meet the definition of extenuating circumstances.
- ☐ Other/Notes:
- ☐ Failure to follow conditions of previous appeal.
- ☐ Missed appeal deadline.

☐ **A decision cannot be made at this time due to:**

- ☐ Academic Improvement Plan incomplete/missing.
- ☐ Lack of documentation.
- ☐ Other:

Counseling / Advising Initials / Date: _____ Financial Aid Initials / Date: _____

North Hennepin Community College

Academic Improvement Plan

Clear Form

Last Name | First Name | Middle Initial | Student ID or Social Security Number

1. ***What are your reasons (extenuating circumstances) for falling below the academic progress standards?***
(Extenuating circumstances include student injury or illness, family or court emergency, etc. Attach supporting documentation, such as medical or legal statement, etc.)

2. ***What do you consider to be key contributors to academic difficulty you have experienced?*** *(Check all that apply)*

- ☐ Lack of basic skills (math/reading/writing)
- ☐ Too many credits (with other responsibilities)
- ☐ Personal Problems
- ☐ No major/career direction-no focus on a goal
- ☐ Relationship problems
- ☐ Other:
- ☐ Lack of motivation
- ☐ Medical/Health Issue
- ☐ My Attitude
- ☐ My work situation
- ☐ My home situation
- ☐ Serious Illness/Death in family

3. ***Please explain how you plan to address any of the above issues.***
(Example: What changes will you make? What services do you plan to use? How have any issues been resolved?)

4. ***What is your planned enrollment if your appeal is approved?***

Course Number & Name	*Credits*
Total credits	0

5. ***What is your weekly class/study/work commitment?*** *(Cannot exceed 58 hours total)*

Number of Credits		Class/Study Hours
	x 3 =	0
	+	
Work hours (per week)	=	
TOTAL		0

Updated 5/4/2010