



Transfer Admissions Suspension Appeal for New NHCC Applicants

7411 85th Avenue North
Brooklyn Park, MN 55445
Admissions & Outreach/ES Info
(P)763-424-0724
Financial Aid/ES 46
(P)763-424-0728

_____	_____	_____	_____
Last Name	First Name	MI	Social Security Number
_____		_____	_____
Street Address		City	State Zip Code
_____		_____	
Email Address		Phone Number	

~~~~~ Complete steps 1-4 below ~~~~~

- Check type of appeal:  
 Academic Suspension     Financial Aid Suspension     Both Academic & Financial Aid Suspension
- Attach **required** information:  
 Completed Academic Improvement Plan     Supporting documentation of extenuating circumstances
- Submit completed appeal and attachments to the Admissions & Outreach Department as soon as possible.
- Required Student Signature & Date

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

**SIGN HERE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*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*

### Academic Decision

Appeal is **APPROVED** for:  Academic Suspension

Approval Conditions:

- You may register for \_\_\_\_\_ term for no more than \_\_\_\_\_ credits
- You are required to earn at least a 2.5 term GPA and 100% completion rate.
- You must complete a mid-term advising appointment by \_\_\_\_\_
- You must bring COMPLETED mid-term self-evaluations to your advising appointment.
- You must attend/complete 2 campus workshops and/or projects.
- You must complete Accuplacer Testing or a Placement Test Waiver based on transfer credits.
- You must attend an orientation & meet with an advisor to review the terms of this appeal by \_\_\_\_\_.

**NOTES/OTHER:**

Appeal is **DENIED** for:  Academic Suspension

Denial Reason(s):

- |                                                                                              |                                                        |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Situation does not meet the definition of extenuating circumstances | <input type="checkbox"/> Financial hold or balance due |
| <input type="checkbox"/> Lack of documentation that supports the appeal                      | <input type="checkbox"/> Missed Application deadline   |

### Financial Aid Decision

- |                                                                                              |                                                                            |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Appeal <b>APPROVED</b> for Financial Aid Suspension                 | <input type="checkbox"/> Appeal <b>DENIED</b> for Financial Aid Suspension |
| <input type="checkbox"/> Situation does not meet the definition of extenuating circumstances | <input type="checkbox"/> Financial hold or balance due                     |
| <input type="checkbox"/> Lack of documentation that supports the appeal                      | <input type="checkbox"/> Missed Application deadline                       |

**NOTES:**

~~~~~ Appeal Decision & Conditions- Office Use Only ~~~~~

First-Time Suspension Multiple Suspension GPA _____ Completion Rate _____ %

Admissions Initials/Date _____ Financial Aid Initials/Date _____

Financial Aid –Send to Admissions



Transfer Admissions Suspension Appeal Improvement Plan

7411 85th Avenue North
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Financial Aid/ES 46
(P)763-424-0728

Last Name

First Name

MI

Social Security Number

Academic Improvement Plan – please use a separate sheet or the back if necessary

1. What are your reasons (extenuating circumstances) for falling below the academic progress standards?
(Extenuating circumstances include student injury or illness, family emergency, etc.)

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

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

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. Do you plan to attend full time or part time? (check one) **Full Time** **Part Time**

5. I have included supporting documentation? (check one) **Yes** **No**