

Transfer Student Admissions Appeal

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

~~~~~ Complete steps 1 - 3 below ~~~~~

1. Check type of appeal:
 

|                                              |                                                   |                                                        |
|----------------------------------------------|---------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Academic Suspension | <input type="checkbox"/> Financial Aid Suspension | <input type="checkbox"/> Both Academic & Financial Aid |
|----------------------------------------------|---------------------------------------------------|--------------------------------------------------------|
  
2. Attach **required** information:
 

|                                                              |                                                                                |
|--------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Completed Academic Improvement Plan | <input type="checkbox"/> 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](http://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 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 the following course(s): _____
 - ✓ You must complete mid-term self-evaluation reports for each class with your instructors.
 - ✓ You must attend a mid-term advising appointment by _____
 - ✓ You must bring COMPLETED mid-term self-evaluations to your advising appointment.
 - ✓ You must attend/complete **2** campus/GPS Lifeplan workshops and / or projects.
 - ✓ You will be unable to take advantage of early registration next term if you do not complete your workshops & mid-term advising appt. with completed self-evaluation reports by the above date.
 - ✓ You must meet with an advisor by _____ to review the terms of this appeal.
 - ✓ Other: _____

Notes:

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

- Denial Reason(s):
- Situation does not meet the definition of extenuating circumstances. Financial hold or balance due.
 - Failure to follow conditions of previous appeal. Other/Notes:
 - Missed appeal deadline.
 - Lack of documentation that supports your appeal.

- A decision cannot be made at this time due to:**
- Academic Improvement Plan incomplete/missing. Lack of documentation.
 - Other:

CACP Initials / Date: _____ Financial Aid Initials / Date: _____ Admissions Initials/Date: _____

