

Academic Appeal/Reinstatement Request Form

This form is used by students to **appeal** a removal for one semester from the College (not including summer) for academic dismissal <u>or</u> to be **reinstated** after the required time away from the College.

Complete the form and submit it to the Assistant Vice President for Academic Affairs at academicstanding@bccc.edu. If you are a student with a disability that needs accommodations or would like advice from the Disability Support Services Center, contact dssc@bccc.edu.

| Student Information | | |
|---|---------------------------------------|--|
| Student ID Number | Full Name | |
| Student Email | Personal Email | |
| Current Academic Program(s) | | |
| BCCC Cumulative GPA | | |
| List the semester and year that you are red | questing reinstatement | |
| Factors Impacting Your Performance | | |
| Academic | | |
| ☐Class Attendance | ☐Class Load | |
| ☐Course Difficulty | ☐Study/Poor Study Skills | |
| ☐Missing Assignments/Tests | ☐ Faculty Challenges | |
| ☐Course Selection | ☐ Technology (Internet, Canvas, etc.) | |
| ☐ Course Mode (In-Person, Virtual Zoom o | or Online) Other | |
| Personal | | |
| □Stress | ☐ Financial Challenges | |
| ☐ Family Matters | □Employment | |
| ☐ Unsure about Academic/Career Goals | □Housing | |
| □Medical | ☐Transportation | |
| ☐Grief/Loss | ☐Time Management | |
| ☐ Lack of Motivation/Procrastination | □Other | |



Student Statement

| academic performance and what actions you will take to be more successful in the future. | | | | |
|---|--|--|--|--|
| You may also share supporting documents that of that support your appeal/reinstatement. | demonstrate any mitigating circumstances | | | |
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| I understand that my academic standing is current Community College. If my reinstatement is approadvisor who will work with me to determine my new success plan. They may limit me to part-time enroconsecutive semesters of good academic standing not been approved, I must drop myself from any fresult in any future reinstatement requests being reinstatement does not automatically result in Federal Academic Progress). | ved, I am required to meet with an academic ext semester's schedule and create a student allment until I am able to complete one or more g. If I am currently enrolled and my appeal has future enrolled courses. Failure to do so may denied. I also understand that academic | | | |
| Signature | Date | | | |



| Dismissal Appeal/Reinstatement Committee Only | | | | |
|---|---------------------------|---------------------------------|----------------|--|
| Member 1 [| Name and Position]: _ | | | |
| Member 2 [| Name and Position]: _ | | | |
| Member 3 [| Name and Position]: _ | | | |
| Outcome: | \square Approved | ☐ Denied: May request again for | semester/term. | |
| Committee I | Recommendations | | | |
| | | | | |
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| | | domic Advisor: | | |
| Name of De | Signated Patriway Aca | demic Advisor: | | |
| Name of Fac | culty Advisor (if applica | able): | | |
| Date Studen | nt Notified: | | | |