



## 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 or 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](mailto: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](mailto: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 requesting reinstatement \_\_\_\_\_

### Factors Impacting Your Performance

#### Academic

- |  |  |
|--|--|
| <input type="checkbox"/> Class Attendance                                | <input type="checkbox"/> Class Load                          |
| <input type="checkbox"/> Course Difficulty                               | <input type="checkbox"/> Study/Poor Study Skills             |
| <input type="checkbox"/> Missing Assignments/Tests                       | <input type="checkbox"/> Faculty Challenges                  |
| <input type="checkbox"/> Course Selection                                | <input type="checkbox"/> Technology (Internet, Canvas, etc.) |
| <input type="checkbox"/> Course Mode (In-Person, Virtual Zoom or Online) | <input type="checkbox"/> Other _____                         |

#### Personal

- |   |   |
|---|---|
| <input type="checkbox"/> Stress                             | <input type="checkbox"/> Financial Challenges |
| <input type="checkbox"/> Family Matters                     | <input type="checkbox"/> Employment           |
| <input type="checkbox"/> Unsure about Academic/Career Goals | <input type="checkbox"/> Housing              |
| <input type="checkbox"/> Medical                            | <input type="checkbox"/> Transportation       |
| <input type="checkbox"/> Grief/Loss                         | <input type="checkbox"/> Time Management      |
| <input type="checkbox"/> Lack of Motivation/Procrastination | <input type="checkbox"/> Other _____          |





*Dismissal Appeal/Reinstatement Committee Only*

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Member 1 [Name and Position]: \_\_\_\_\_

Member 2 [Name and Position]: \_\_\_\_\_

Member 3 [Name and Position]: \_\_\_\_\_

Outcome:     Approved                       Denied: May request again for \_\_\_\_\_ semester/term.

Committee Recommendations

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Name of Designated Pathway Academic Advisor: \_\_\_\_\_

Name of Faculty Advisor (if applicable): \_\_\_\_\_

Date Student Notified: \_\_\_\_\_