



ANTELOPE VALLEY COLLEGE

Dismissal Appeal

Fall 2018 SEMESTER

THIS FORM MUST BE SUBMITTED TO THE COUNSELING BY:

**JULY 6, 2018 (11:30 am)**

- Your appeal **must include objective documentation** to support a deviation from the dismissal standards and detailed answers to the questions below. Per AP 4250:  
 “Students have the right to appeal a dismissal action if he/she believes that facts exist that warrants an exception to the dismissal action. An appeal must contain verifiable documentation of accidents, illnesses and relating to other circumstances beyond the control of the student”.
- The **Dismissal Appeal** will be reviewed by the Dismissal Appeals Committee and **can only be considered if submitted with documentation** and answers to the questions in a timely manner. You will forfeit your right to appeal if everything is not submitted by July 6, 2018.
- If approved all students must attend a mandatory reinstatement workshop no later than July 30, 2018.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

AVC Email Address: \_\_\_\_\_

Student ID # 900 - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Current GPA: \_\_\_\_\_

1. What facts exist that were beyond your control that negatively affected your academic and/or progress performance (attach documentation)?
2. Why do you believe that your dismissal should be reconsidered?
3. If your **Dismissal Appeal** is approved, explain what actions you will take to increase your success in school.
4. If your **Dismissal Appeal** is not approved, and you are unable to enroll or attend AVC for one semester, what actions will you take to prepare you for your return to school?

Attach documentation and feel free to include one additional

# SEE OTHER SIDE

**What has made academic success difficult for you in the past? Indicate all that are appropriate.**

Below are several categories of items that may influence your academic and personal success. Please read each item and consider it carefully. Check all the items that apply to you.

## **I. Factors that have a negative influence on my educational performance at AVC:**

- |  |  |
|--|--|
| <input type="checkbox"/> I am not sure why I am in college                     | <input type="checkbox"/> Transportation  |
| <input type="checkbox"/> Conflict with professors                              | <input type="checkbox"/> Legal issues  |
| <input type="checkbox"/> I haven't connected with classmates or faculty        | <input type="checkbox"/> Little interest in subject matter                               |
| <input type="checkbox"/> I am unsure as to how college fits my long-term goals | <input type="checkbox"/> Anxiety   |
| <input type="checkbox"/> I am in college only because I was expected to enroll | <input type="checkbox"/> Unaware of support services                                     |
| <input type="checkbox"/> I have too little time to prepare for exams           | <input type="checkbox"/> Driven by external expectations rather than internal motivation |
| <input type="checkbox"/> Lack of concentration                                 | <input type="checkbox"/> Low motivation  |
| <input type="checkbox"/> Too many classes                                      | <input type="checkbox"/> Not prepared for college  |
| <input type="checkbox"/> Too much time on the computer                         | <input type="checkbox"/> I didn't make use of tutorial services                          |
| <input type="checkbox"/> I am not sure I want to be in college                 | <input type="checkbox"/> My reading/writing skills need improvement                      |
| <input type="checkbox"/> Disability  | <input type="checkbox"/> I quit attending class and never dropped the course             |
| <input type="checkbox"/> Lack of stress control in my life                     | <input type="checkbox"/> The classes I took were just too difficult all around           |
| <input type="checkbox"/> Other _____   |  |

## **II. Personal issues that are affecting my academics:**

- Drug and/or alcohol use
- Family pressures/problems
- Work too many hours
- Poor health (mine...others close to me)
- Financial problems
- Distracted by friends or other outside factors
- Too many commitments (jobs, friends, athletics, family obligations, etc.)
- Relationship issues
- Lack of confidence in my academic abilities
- I have trouble concentrating in class
- Trouble re-prioritizing my commitments to get to studies
- Good intentions but poor follow-through
- Procrastination
- Learning disability
- Other \_\_\_\_\_

## **III. Areas where I need to improve to achieve success:**

- Discover what is important to learn in my classes
- Complete reading assignments in a thorough, timely manner
- Set goals & deadlines for myself
- Employ time mgmt. strategies to maximize my studying
- Communicate with faculty
- Learn skills for advocating for myself and my academic progress
- Seek assistance when problems arise
- Complete class assignments
- Come to class meetings or online discussions and be prepared
- Take notes that will enhance my studying
- Use planner to organize my time
- Find a quiet place to study
- Think about success instead of failure while learning or test taking
- Other \_\_\_\_\_

## **IV. Areas that may help me bring out my best performance:**

- Lighten my course load
- Set aside regular periods to study
- Learning how to prepare for exams/Learn how to study
- Better time management
- Setting up a quiet study area with all study tools
- Choose courses in which I have needed background
- Reconsider my choice of major/career
- Work with a tutor
- Regular communication with my faculty
- Other \_\_\_\_\_

## **V. Services that I have used:**

- Office for Students with Disabilities
- Math Lab
- Writing Center
- Tutoring
- Classmates to work with when I need study partners
- My professors whenever I need personalized attention
- A counselor regarding my test-taking or other anxieties
- Library staff for research for a class
- Other \_\_\_\_\_

Your responses to the above questions, along with your academic history, will be used in the committee's decision. This decision is for the semester you specified above. All reinstatements are conditional and if you are permitted to return to AVC you will agree to follow the Matriculation Committee's Academic Standards Sub-Committee recommendations. Please sign below indicating that you agree with the above conditions and that you have submitted true and accurate information to the committee for their review.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date