



Dismissal Appeal Spring 2021 SEMESTER THIS FORM MUST BE SUBMITTED TO THE COUNSELING BY:

July 30, 2021 (11:30am)

- Your appeal <u>must include objective documentation</u> 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 <u>can only</u>
 <u>be considered if submitted with documentation</u> and answers to the questions in a timely
 manner. You will forfeit your right to appeal if everything is not submitted by July 30, 2021.
- If approved all students must attend a mandatory reinstatement workshop no later than August 25, 2021 (5:00 pm).

| Name: |
|--|
| Address: |
| Phone: |
| AVC Email Address: |
| Student ID # 900 |
| Current GPA: |
| What facts exist that were beyond your control that negatively affected your |

- 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 page.

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 perform I am not sure why I am in college Conflict with professors I haven't connected with classmates or faculty I am unsure as to how college fits my long-term goals I am in college only because I was expected to enroll I have too little time to prepare for exams Lack of concentration Too many classes Too much time on the computer I am not sure I want to be in college Disability Lack of stress control in my life Other | mance at AVC: TransportationLegal issuesLittle interest in subject matterAnxietyUnaware of support servicesDriven by external expectations rather than internal motivationLow motivationNot prepared for collegeI didn't make use of tutorial servicesMy reading/writing skills need improvementI quit attending class and never dropped the courseThe classes I took were just too difficult all around |
|---|--|
| II. Personal issues that are affecting my academics: Drug and/or alcohol useFamily pressures/problemsWork too many hoursPoor health (mineothers close to me)Financial problemsDistracted by friends or other outside factorsToo many commitments (jobs, friends, athletics, family obligations, etc.)Relationship isszuesLack of confidence in my academic abilitiesI have trouble concentrating in classTrouble re-prioritizing my commitments to get to studies | III. Areas where I need to improve to achieve success: |
| IV. Areas that may help me bring out my best performance: Lighten my course loadSet aside regular periods to studyLearning how to prepare for exams/Learn how to studyBetter time managementSetting up a quiet study area with all study toolsChoose courses in which I have needed backgroundReconsider my choice of major/careerWork with a tutorRegular communication with my facultyOther Your responses to the above questions, along with your academic here for the semester you specified above. All reinstatements are conditions the Matriculation Committee's Academic Standards Sub-Coagree with the above conditions and that you have submitted true are | ional and if you are permitted to return to AVC you will agree to mmittee recommendations. Please sign below indicating that you |
| Signature | Date |