Academic Suspension Appeal Form

Spring 2010 deadline:
January 5, 2010
5:00 p.m.

_____ Fall Semester _____Spring Semester 20___

I understand that this academic appeal is **not the same** as a Financial Aid Appeal and that I must appeal that separately.
❑ Yes ❑ No

The Academic Standards Policy differs from the Financial Aid Satisfactory Academic Progress Policy. Any concerns regarding your Financial Aid status and eligibility should be directed to the Financial Aid Office. Questions or inquiries about the Academic Standards Policy may be referred to the Office of the Dean for Student Services, (970) 339-6258.

Name _____ Aims ID# _____

Address _____

Telephone _____ Cell_____

Email _____

Advisor _____

Appeal Procedures

You may appeal your suspension if extenuating circumstances exist. These circumstances include factors beyond your control (e.g., family emergency, serious illness, death, etc.) and must be documented. Appeals due to other circumstances will be reviewed on a case by case basis. All supporting documentation from third parties must be included with the appeal.

1. Explain any unusual or extenuating circumstances that prevented you from being successful. Please enclose appropriate documentation (medical records, funeral announcement, etc.) if applicable.
2. Describe the circumstances that will change to allow you to perform at a satisfactory level.
3. Describe the specific plan of action that you will follow to attain academic success if your appeal is approved.

For more information refer to the Academic Standards Policy, the Guidelines on Writing your Suspension Appeal and the Academic Suspension Frequently Asked Questions available at http://www.aims.edu/student/admissions/standards/index.htm

_____ _____
Student Signature Date

The completed appeal should be sent to the Office of the Dean for Student Services, Aims Community College, P.O. Box 69, Greeley, CO 80632, (970) 339-6258, Fax (970) 506-6960

To attend the spring 2010 term, all materials must be submitted by 5:00 p.m. on Tuesday, January 5, 2010.

----------For Office Use Only----------

_____ _____
Received by Review date by the Appeals Committee

Decision: ❑Approved ❑Denied

Committee recommendations/restrictions:_____

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