



HINDS COMMUNITY COLLEGE LETTER OF APPEAL – SCHOLASTIC SUSPENSION

Name _____ College ID# _____

Mailing Address _____

City, State, and Zip Code _____

Telephone Numbers: Work or Cell _____ Home _____

CAMPUS LOCATION (Check One)

___ Raymond Campus

___ Jackson Campus

___ Rankin Campus

___ Utica Campus

___ Nursing/Allied Health Center

___ Vicksburg-Warren Campus

PROGRAM OF STUDY _____ ANTICIPATED DATE OF GRADUATION OR TRANSFER _____

Notes: All fines (Library, traffic, etc.) must be paid before your appeal will be considered.

Documentation must be provided by the student before any appeal can be processed.

Release statement: *By signing below, I grant permission for the officials of the appeals process to review my College records.*

Signature _____ Date _____

A Scholastic Suspension Appeal must be submitted within six months after semester has been completed. Submit form to your academic advisor.

Please explain in detail why you are filing this appeal. Please attach all documentation (letter from doctor, death certificate, etc.).

Appeal Denied _____ Date _____

Appeal Approved _____ Date _____ Signed: _____
Instructional Dean

Notice of Non-discrimination Statement

In compliance with Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. We recognize our responsibility to provide an open and welcoming environment that fosters a culture of diversity, equity, and inclusion for employees and students to collaboratively learn, work and serve our communities. The following have been designated to handle inquiries regarding these policies: EEOC Compliance: Director of Diversity, Equity and Inclusion, Box 1100 Raymond MS 39154; Phone: 601-857-3458 or Email: EEOC@hindsc.edu. Title IX: Associate Vice President Student Services, Title IX Coordinator, Box 1100 Raymond MS 39154; Phone: 601-857-3353 or Email: TitleIX@hindsc.edu.

Please complete, sign and return this form along with all supporting documentation to your academic advisor by one of these methods: by mail, email or delivery in person. Requests to Appeal will not be considered until students complete all items on this checklist.

SCHOLASTIC APPEAL CHECKLIST

ALL of the following information must be included for your appeal to be considered:

<input type="checkbox"/>	Appeal form	<i>Completely fill out the Hinds Community College Letter of Appeal Form.</i>
<input type="checkbox"/>	Documentation	<i>Please attach all documentation (letter from doctor, death certificate, etc.)</i>
<input type="checkbox"/>	Plan for Success	<i>Please discuss the steps you plan to take in order to succeed in your courses. Also, please discuss what has changed about your situation which will allow you to succeed.</i>
<input type="checkbox"/>	Meet with Academic Advisor	<i>After completing forms and attaching documentation, meet with your academic advisor to discuss the Plan for Success.</i>
<input type="checkbox"/>	Meet with Financial Aid Advisor	<i>If you wish to use financial aid, meet with a financial aid advisor to discuss a Satisfactory Academic Progress (SAP) Appeal, if needed.</i>

Note: An approval for a Scholastic Suspension Appeal does not mean that financial aid will be restored. The Satisfactory Academic Progress (SAP) Appeal for terminated financial aid is a separate process with differing requirements. Please consult with the Student Financial Aid office regarding financial aid matters.

I understand that my appeal will not be considered if I do not include all of the necessary information.

Student Signature: _____ Date: _____

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