



Please complete, sign and return this form along with all supporting documentation to the Dean of Students office by one of these methods: by mail, fax or delivering in person to the Dean of Student Services at the campus location attended. Requests to Appeal will not be considered until students complete all items on this checklist.

 <b>SCHOLASTIC APPEAL CHECKLIST</b> 		
ALL of the following information must be included for your appeal to be considered:		
<input type="checkbox"/>	<b>Appeal form</b>	Completely fill out the Hinds Community College Letter of Appeal Form.
<input type="checkbox"/>	<b>Documentation</b>	Please attach all documentation (letter from doctor, death certificate, etc.)
<input type="checkbox"/>	<b>Plan for Success</b>	Please discuss the steps you plan to take in order to succeed in your courses. Also, tell what has changed about your situation which will allow you to succeed.

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of Student Services		Location	Email Address	Mailing Address
DeAndre House	College-Wide Dean of Students	Raymond Campus Denton Hall Room 209	<a href="mailto:deandre.house@hindsgcc.edu">deandre.house@hindsgcc.edu</a>	PO Box 1100 Raymond, MS 39154
Carol McLaurin	Dean of Students	Rankin Campus Administration Room 114	<a href="mailto:CTMcLaurin@hindsgcc.edu">CTMcLaurin@hindsgcc.edu</a>	3805 Hwy 80 East Pearl, MS 39208
Dean of Students	Dean of Students	Utica Campus Student Center Suite 208	<a href="mailto:deandre.house@hindsgcc.edu">deandre.house@hindsgcc.edu</a>	34175 Hwy 18 Utica, MS 39175
Joycelyn Washington	Dean of Students	Jackson Campus Alexander #202	<a href="mailto:JSWashington@hindsgcc.edu">JSWashington@hindsgcc.edu</a>	3925 Sunset Dr. Jackson, MS 39213
Joycelyn Washington	Dean of Students	Nursing/Allied Health Center Anderson Hall	<a href="mailto:JSWashington@hindsgcc.edu">JSWashington@hindsgcc.edu</a>	1750 Chadwick Dr. Jackson, MS 39204
Raina Deer	Dean of Students	Vicksburg-Warren Banks Admin. Bldg.	<a href="mailto:raina.deer@hindsgcc.edu">raina.deer@hindsgcc.edu</a>	755 Hwy 27 Vicksburg, MS 39180

**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. 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@hindsgcc.edu](mailto:EEOC@hindsgcc.edu). **Title IX:** Associate Vice President Student Services, Title IX Coordinator, Box 1100 Raymond MS 39154; Phone: 601.857.3353 or Email: [TitleIX@hindsgcc.edu](mailto:TitleIX@hindsgcc.edu).



## HINDS COMMUNITY COLLEGE LETTER OF APPEAL - SCHOLASTIC

Name \_\_\_\_\_ College ID# \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Telephone Numbers: Work or Cell (\_\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_  
area code area code

CAMPUS LOCATION (Check one)

☐ Raymond Campus

☐ Jackson Campus

☐ Rankin Campus

☐ Utica Campus

☐ Nursing/Allied Health Center

☐ Vicksburg-Warren Campus

MAJOR/PROGRAM OF STUDY  
OR COLLEGE MAJOR \_\_\_\_\_

ANTICIPATED DATE OF  
GRADUATION OR TRANSFER \_\_\_\_\_

**Notes: All fines (library, traffic, etc.) must be paid before Local Appeals Committee will consider your appeal.**

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

Release statement: *By signing below, I grant permission to the members of the Appeals Committee to review my College records.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

- A Scholastic appeal must be submitted within six months after semester has been completed. **Submit to the Dean of Student Services at the campus location attended.**

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

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☐ Appeal Denied \_\_\_\_\_ Date \_\_\_\_\_

☐ Appeal Approved \_\_\_\_\_ Date \_\_\_\_\_

Signed: \_\_\_\_\_

Dean of Students

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## Plan for Success

Please discuss the steps you plan to take in order to succeed in your courses. Also, tell what has changed about your situation which will allow you to succeed.

Name\_\_\_\_\_

Hinds ID# \_\_\_\_\_

Date \_\_\_\_\_

[illegible]