



UMPQUA
Community College

Academic Standards Appeal Form

Last Name First Name Middle Initial Student ID Number

Mailing Address City State Zip

Phone Number Alternate/Message Phone

UCC Major: _____ Currently enrolled at UCC? ☐ Yes ☐ No

TERM & YEAR Appeal: ☐ Summer ☐ Fall ☐ Winter ☐ Spring **YEAR:** _____

OFFICE USE ONLY:

INCOMPLETE appeals (missing information of documents) will NOT be accepted.

Section 1 – STUDENT APPEAL INFORMATION

Please answer each of the following questions:

- ☐ **Yes** ☐ **No** Do you wish to appear in person before the ASC? (Forgiveness Appeals are required to attend)
- ☐ **Yes** ☐ **No** Do you want ASC student representatives included in reviewing/hearing your appeal?
- ☐ **Yes** ☐ **No** Have you previously appeared before ASC? If so, when: _____
- ☐ **Yes** ☐ **No** Are you appealing Financial Aid?
If yes, you will need to complete the **Financial Aid Satisfactory Academic Progress Appeal Form**. (*Financial Aid Appeal is a separate process/form submitted to the Financial Aid Office.*)

I am requesting the following appeal(s):

- ☐ **LATE WITHDRAWAL:** Late withdrawal from one or more courses from the previous term only (include late withdrawal denial)
- ☐ **COMPLETE WITHDRAWAL FROM A PRIOR TERM:** Complete Withdrawal from all courses from any given term
- ☐ **FORGIVENESS:** See Board Policy 709.03 Academic Forgiveness.

Note: Students are required to attend. Appearance in person is preferred; however, the committee is authorized to arrange alternative accommodations.

Section 2 – LATE WITHDRAWAL, COMPLETE WITHDRAWAL, AND/OR FORGIVENESS only

Registration CRN	Course Number	Term/Year
40420 (Ex.)	MTH 105	Fall/2007

Registration CRN	Course Number	Term/Year

Registration CRN	Course Number	Term/Year

Section 3 – ACADEMIC STANDARDS APPEAL CHECKLIST

- ☐ **ASC Appeal Form Complete** – All boxes checked, and course/term information included. Review your academic transcripts on your Student Self Service account for course/term information.
- ☐ **Statement Attached** – Your statement should be well thought out and include:
- Late withdrawals address **extenuating (beyond your control) circumstances during time period and/or the term prior addressed in your appeal; what prevented you from withdrawing before the published deadline** (9th week of fall/winter/spring term; see schedule for summer term 5 & 10 week classes)
 - Outline your plan for academic success – what are/will you do differently
 - What resources on/off campus have you or will you access
 - Identify your purposed behavior to improve your academic performance
 - **FORGIVENESS** – address how **NOT** gaining forgiveness will be detrimental to future academic or occupational pursuits - past term grades may be damaging or negative to your future educational and/or occupational pursuits. Attendance is mandatory for appeal to be reviewed.
- ☐ **Education Plan Attached** – Complete your ASC Appeal Form. Meet with an academic advisor/counselor to complete or up-date your education plan. Review a degree evaluation and identify remaining courses needed to complete your certificate or degree.

REQUIRED for all appeals

- ☐ **Supporting Documentation Attached:** Signed statement from physician verifying personal illness or injury which prevented you from withdrawing; signed statement from physician documenting medical illness or injury of immediate family member; copy of newspaper obituary or death certificate for immediate family member; copy of police reports, proof of automobile accident, and/or car repair receipts; document or letter of explanation on letter head from professional source (e.g. employer, social worker, etc.); signed statement or progress report(s) from instructor verifying current term grades; hospital form(s) showing significant dates that occurred during suspension term.

Section 4 – COMPLETE WITH YOUR ACADEMIC ADVISOR

Reviewed:

- | | |
|---|--|
| <input type="checkbox"/> Good Academic Standing/GPA | <input type="checkbox"/> Retaking D or F earned grades may improve GPA |
| <input type="checkbox"/> Withdrawal Process/Deadlines | <input type="checkbox"/> One Time Request for Academic Forgiveness |
| <input type="checkbox"/> VA Benefits/GI Bill | <input type="checkbox"/> Financial Aid Satisfactory Academic Progress Policy |

Referral(s):

- | | | |
|--|--|---|
| <input type="checkbox"/> Financial Aid/VA Rep | <input type="checkbox"/> Veterans Student Center | <input type="checkbox"/> Success Center |
| <input type="checkbox"/> Faculty/Progress Reports | <input type="checkbox"/> Community Resource | <input type="checkbox"/> Accessibility Services |
| <input type="checkbox"/> Peer Mentors | <input type="checkbox"/> Director of Advising | <input type="checkbox"/> Life Coach |
| <input type="checkbox"/> Academic Advisor/Counselor/Faculty: _____ | | |

Referral notes/comments: _____

I understand making any false statement on this appeal will be sufficient cause for dismissal. I hereby certify to the best of my knowledge, all information on this application is true and accurate. I hereby authorize Umpqua Community College to release my academic records to the Academic Standards Committee members.

Student Signature _____ **Date:** _____

Signifies Approval & Authorization

Academic Advisor Signature _____ **Date:** _____

Signifies Approval & Authorization

Director of Advising and Career Services _____ **Date:** _____

Signifies Approval & Authorization

OFFICE USE ONLY

- ☐ **Approved**
☐ **Approved with stipulation**
☐ **Denied**
☐ **No action taken**

Approved with stipulation: _____

Comments/Notes: _____