410-017-10/05

Academic Standards Committee
Petition to Appeal Academic Suspension

PARKLAND COLLEGE

Social Security Number _____ Telephone_____

Name *(please print)* _____
Last First Middle

Address_____
Number and Street Apt. #., Box #, etc. City and State Zip Code

Student Statement

I have been notified that I have been placed on academic suspension. I am requesting that I be permitted to enroll in remedial and/or developmental courses for the upcoming semester. The following information is offered in support of my appeal to be reinstated to student status.

(Submit documentation to support your appeal. Attach additional pages as necessary.)

SIGNATURE_____ DATE_____

You will be contacted in writing by the dean of academic services to inform you of the outcome of your appeal before the first day of classes of the upcoming semester.

OFFICE USE ONLY

APPEAL: ❑ Granted ❑ Denied ❑ See comments

Comments_____

_____

_____

_____

SIGNATURE_____ DATE_____
Chair, Academic Standards Committee

White Copy — Records Canary Copy — Academic Standards Committee Pink Copy — Student