Instructions for Students Appealing
Academic Suspension and Dismissal
Issued by the Dean of Learning Support

Students on academic suspension or dismissal are not permitted to register for classes. The no-enrollment period for students on academic suspension is one full semester, not including summer, while students on academic dismissal may not take classes for one full calendar year. Students who wish to appeal this period of no-enrollment should know that requests for readmission during suspension or dismissal are rarely granted and considered only in cases of documented extenuating circumstances. To complete the process of appeal, the student must:

- **Financial Aid**
  Complete an online Free Application for Federal Student Aid (FAFSA) application if financial assistance is needed. This must be done in a timely manner so that forthcoming aid, if any, is in place by the start of the semester.

- **Academic Plan**
  Meet with an academic advisor, counselor, or student development advocate to develop an academic plan for the semester he/she wishes to be readmitted to. This meeting should take place no later than one week before the start of the 16-week class sessions (fall or spring semester) or the summer semester.

  The academic plan should meet the following stipulations:

  - No more than 13 credit hours (7 hours in the summer)
  - No accelerated classes (less than 16 weeks, except in the summer)
  - No more than one online class
  - Include a Strategies for College Success course from the Center for Academic Success

  The advisor, counselor, or advocate will discuss the student’s readiness to take classes and be academically successful and might be asked to share impressions and recommendations before a decision is made.

- **Petition to Appeal Academic Suspension Form**
  Complete the Petition to Appeal Academic Suspension form. Submit this form together with relevant documentation supporting the cited extenuating circumstances and the academic plan to the Dean of Learning Support (D108).

  Only the Dean of Learning Support or designee can approve an appeal against academic suspension or dismissal. The Dean may impose additional requirements when approving an appeal. If the appeal is approved, the student will be informed by phone and in writing. Upon notification, the student has a week to complete class registration. The approval is rescinded if the student fails to register for class within this time. The readmitted student must also make two appointments to see the same advisor, counselor, or advocate that he/she drew up the academic plan in that first semester so that the student’s academic progress can be reviewed. The first meeting should take place within the first four weeks of the semester. Progress reports will be recorded in the student information system.

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**To be completed by counselor, academic advisor, or student development advocate.**

I have discussed with ______________________ his/her plans to appeal academic suspension or dismissal. We drew up the attached proposed educational plan for the forthcoming semester.

☐ I support this student’s appeal
☐ I do not support this student’s appeal
☐ Other: ________________________________

Signature: _____________________________       Date: ______________

Counselor/Advisor/Advocate

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DLS: Fall 2015
Parkland College

PETITION TO APPEAL ACADEMIC SUSPENSION OR DISMISSAL

TO THE STUDENT

- If you are on academic suspension or dismissal, you are not permitted to register for classes. The length of the required “sit out” period is as follows:
  - **Suspension:** Full semester (fall or spring, not including summer); **Dismissal:** Full calendar year.
- Appeals against academic suspension or dismissal are rarely granted. If you wish to appeal, please complete this form and refer to the check list on page one of this form.
- Appeals must be submitted to the Dean of Learning Support (D108) no later than one week before the start of the upcoming semester.
- The Dean will email you about the outcome of your appeal.

**STUDENT INFORMATION**  Please print clearly or type

Last name ___________________________________________  First name ___________________________________________
Student ID ___ ___ ___ ___ ___ ___ ___ ___  Daytime phone (_______)___________________________
Street Address __________________________________________
City, State, Zip ___________________________________________  Email: ____________________________

**STUDENT STATEMENT**  Give reasons to support your request to be reinstated as a student. Attach supporting documentation. If preferred, you may attach a typewritten statement.

_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

☐ Check here if supporting documentation Is attached

Student’s signature ___________________________________________  Date ____________________________

FOR ADMINISTRATIVE USE ONLY

☐ Approved  ☐ Denied

Comments: __________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

Signature ___________________________________________  Date ____________________________