

Registration & Records Office PO Box 967 Roseburg, Oregon 97470 541.440.4616 | 541.440.7713

## **Academic Standards Appeal Form**

							OFFICE USE	ONLY:
Last Name		First Name	Midd	le Initial	Student ID N	Number		
Mailing Addre	 PSS		City	State	Zip			
Phone Numb	 er			Alternate/M	essage Phone			
UCC Major:					Currently enr	olled at UCC?[	□ Yes □ N	0
TERM & YEAF	R Appeal:	☐ Summer	□ Fall □ W	'inter □ S	pring <b>YEAI</b>	R:		
INC	OMPLET	E appeals (n	nissing info	ormation (	of documer	nts) will NOT	be accep	ted.
Section 1 –	STUDENT A	PPEAL INFORM	IATION					
☐ Yes ☐ No ☐ LATE WIT ☐ COMPLET	Do you wis Do you wa Have you p Are you ap If yes, you Appeal is o  Ing the follo THDRAWAL TE WITHDR NESS: See B	the following question to appear in period and ASC student representations of the following appear in	erson before the epresentatives is red before ASC? Aid? plete the Finances/form submitted: I from one or me PRIOR TERM: D3 Academic Forms	reluded in resolution of the second of the s	actory Academing actory Academing actory Academing actory Academincial Aid Office.	c Progress Appea	ol Form. (Find ade late without my given term	lrawal denial) 1
Section 2 –	LAIE WIIH	IDRAWAL, COM	IPLETE WITHD	RAWAL, AN	D/OR FORGIV	ENESS only		
Registration CRN	Course Number	Term/Year	Registration CRN	Course Number	Term/Year	Registration CRN	Course Number	Term/Year
40420 (Ex.)	MTH 105	Fall/2007						

## Section 3 – ACADEMIC STANDARDS APPEAL CHECKLIST

<b>ASC Appeal Form Complete</b> – 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 (9<sup>th</sup> 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 <u>NOT</u> 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: ☐ Good Academic Standing/GPA ☐ Retaking D or F earned grades may improve GPA ☐ Withdrawal Process/Deadlines ☐ One Time Request for Academic Forgiveness ☐ VA Benefits/GI Bill ☐ Financial Aid Satisfactory Academic Progress Policy Referral(s): ☐ Financial Aid/VA Rep ☐ Veterans Student Center ☐ Success Center ☐ Faculty/Progress Reports ☐ Community Resource ☐ Accessibility Services ☐ Peer Mentors ☐ Director of Advising ☐ Life Coach ☐ 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: