



ACADEMIC SUSPENSION APPEAL FORM

An appeal of academic suspension may be made and must be initiated as soon as possible but no later than the first day preceding the new quarter. Should the student choose to appeal, the process is as follows:

1. An Appeal of Academic Suspension Form should be obtained from the Office of the Vice President of Student Affairs. The student should give extensive explanation for the justification of the appeal. The completed form and a copy of the student's grade report must be returned to the Vice President of Student Affairs before the first day of class at which time the appeal process officially begins.
2. The Vice President of Student Affairs will then notify the Academic Dean and the Appeals Committee chairperson.
3. The appeal form and a copy of the student's grade report are routed to the Chairperson of the Admissions Appeal Committee and a meeting of the Committee is held. In the event that the Committee believes that the information received is not sufficient to make a decision, it may request the presence of the student and/or school representative to further clarify the situation. After review, the appeal is either "Denied" or "Approved" with recommendations or conditions as appropriate. The decision of the Committee is the final step in the appeal procedure.
4. The student will be notified of the decision by certified mail from the office of the Vice President of Student Affairs. The student will also be notified of the decision via phone or email by the Vice President of Student Affairs or designee Dean of Student Services. The decision of the academic suspension is final.

(Reference: DTC Student Handbook, "Student Grievance Conflicts, Resolution and Appeals")

Date _____

Student Name _____ Student ID# _____

Telephone (____) _____ - _____ Email _____

Program _____ Department _____

Is this your first suspension from DeKalb Tech? ___ Yes ___ No

If no, have you ever been readmitted through an appeal process? ___ Yes ___ No

I have been suspended from DeKalb Technical College and wish to appeal for readmission for the following reasons (Attach additional sheet, if needed):

Student Signature: _____ (Over - Official Use Only)

OFFICIAL USE ONLY:

___ **APPROVED**

___ **DENIED**

RECOMMENDATIONS OR CONDITIONS, IF ANY:
