Academic Suspension Appeal Form

Appeals must be received by the following office no later than 6p.m. on Monday, August 19th.

Washtenaw Community College Suspension Appeals Committee C/O Liz Orbits, SC 206, Counseling Office 4800 East Huron River Drive Ann Arbor, MI 48105-4800

WCC takes no responsibility for late mail: any appeals received after the deadlines will not be considered.

Name	Date	
Please Pri	Date int	
WCC ID number	Cell or home phone	
Address		
City, State, Zip Code		
Please explain why you were	e not successful in your WCC classes	
Please c	omplete the second page of this form	
Make sure that y	ou have completed the first page of this form	
What has changed so that yo	ou can be more successful in your classes?	

Washtena	w Com	nmunity College	_
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denial. You may need to fill out a	a Financial Aid a ension appeal d	ension is different from Financial Aid appeal form in addition to this form. doesn't mean that your financial aid	
	llege will email	explanation that I feel supports my nil the results of my appeal to my WCC ednesday, August 21st.	-
 Next, register (or adjust 	o update my A t my prior regis	Academic Plan for Fall semester istration if necessary) leadline to keep my Fall classes. See	
Signed:		Date:	
WCC Use: Y N		ΥN	
Date: Y N		Y N	
Y N	_ Status <u>:</u>	Semester:	