Academic Suspension Appeal Form

Appeals must be received by the following office no later than 6p.m. on Monday, January 7th

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 nt
WCC ID number	Cell or home phone
Address	
City, State, Zip Code	
Please explain why you were	not successful in your WCC classes
Please co	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	u can be more successful in your classes?

Washtenaw	Community College
denial. You may need to fill out a Fir Approval of your academic suspens appeal will be approved, and vice ve I have attached any extra docume	entation or explanation that I feel supports my le will email the results of my appeal to my WCC
 Next, register (or adjust my 	pdate my Academic Plan for Winter semester y prior registration if necessary) on by the deadline to keep my Winter classes.
Signed:	Date:
WCC Use: Y N	Y NY N

Status:

 $YN_{\underline{}}$

Semester: