Complete this form if you wish to appeal for academic and/or financial reinstatement following suspension from DCTC. If approved, this reinstatement is effective for one semester with successive reinstatements based on your meeting the Satisfactory Academic Progress standards. The Appeals Committee decision will be based only on the written information you provide, so please be as complete as possible.

Student Name: ___________________________  Student ID Number: ___________________________

How do you wish to be notified of the committee’s decision? ______e-mail ______U.S. Mail

Upcoming term you wish to attend: Fall _______ Spring_______ Summer _________ Year: _______

Letter of Appeal: Attach a letter of appeal to the Appeals Committee answering the following questions:

A. What were the factors which led up to your suspension? (Describe why you were not able to meet the qualifying standards of a 2.0 GPA and/or 67% completion rate)

B. In what ways were you responsible for your academic difficulties? Explain.

C. What plans do you have for academic success if allowed to continue at DCTC? (i.e. time management schedule, career assessment, work schedule change, etc.)

D. If applicable, documentation from a counselor, faculty member, or other third party (doctor, clergy, agency counselor, etc.) should be provided along with this appeal in support of your statements.

I wish to appeal my academic and/or financial aid suspension and understand that my appeal will be evaluated based on the documentation I have provided with this appeal. The information included in this application is complete and correct to the best of my knowledge.

X ___________________________________________  Date

Student Signature

Return completed appeal and documentation to: Student Services – Appeal Committee, Dakota County Technical College, 1300 145th Street East, Rosemount, MN 55068

FOR DCTC OFFICE USE ONLY:

Academic Status: ___________________________  Financial Aid Status: ___________________________

Results for Academic and Financial Aid reinstatement:

Academic Reinstated approved  Yes____ No____ for YRTR__________  FA approved  Yes____ No____

Committee initials Member 1: _______ Member 2: _______ Member 3: _______

Comments/Conditions: _____________________________________________________________

An approved student must maintain a 2.5 semester GPA and complete 75% of all credits attempted each semester to remain on probation.

Appeal coded on Stdnt Maint tab_______ Appeal Coded on Hold Screen _________ Letter sent__________

For questions please contact the Student Services Office at 651-423-8000.