

COMMUNITY COLLEGE OF ALLEGHENY COUNTY

STUDENT SUSPENSION APPEAL

STEPS OF THE STUDENT SUSPENSION APPEAL

1. Complete the attached form and submit it to the Appeals Committee on your campus as soon as possible. Appeals not received by the deadline will not be considered for that semester.

Academic Appeals	Academic Appeals	Academic Appeals	Academic Appeals
Associate Dean	Associate Dean	Associate Dean	Associate Dean
Richard Betters	Tomi Waters	David Young	Barbara Evans
CCAC, Allegheny Campus	CCAC, Boyce Campus	CCAC, North Campus	CCAC, South Campus
808 Ridge Avenue	595 Beatty Road	8701 Perry Highway	1750 Clairton Road
Pittsburgh, PA 15212	Monroeville, PA 15146	Pittsburgh, PA 15237	West Mifflin, PA 15122

2. The Academic Appeals Committee will review your appeal application.
3. A letter will be mailed to your home to inform you of the committee's decision.

**COMMUNITY COLLEGE OF ALLEGHENY COUNTY
STUDENT SUSPENSION APPEAL FORM**

Please print or type ALL areas. Incomplete forms will not be reviewed.

Name: _____ Student ID _____

Last First M.I.

Address: _____

Number Street Apt. #

City State Zip Code

Program/Major: _____ (____) _____ (____) _____

Day Telephone Number Evening Telephone Number

Future semester(s) I wish to attend: Number of credits that I would like to register for:

- | | |
|---|-------|
| <input type="checkbox"/> Fall 201____ | _____ |
| <input type="checkbox"/> Spring 201____ | _____ |
| <input type="checkbox"/> Summer 201____ | _____ |

Please respond to the following questions carefully. Your answers are critical in determining the outcome of your appeal. Remember, this form is your appeal. (Please type or print your responses.)

Describe the circumstances that led to your poor academic performance.

List the steps you have taken or plan to take to help you succeed at CCAC. Provide specific information about evidence of changes in life circumstances in areas such as health, family situations, finances, employment, etc.

Student Signature _____ Today's Date _____