

# Calhoun Community College Petition for Academic Reinstatement

Date: \_\_\_\_\_

Semester Applying for Reinstatement: \_\_\_\_\_

Student ID Number/SS#: \_\_\_\_\_

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Instructions:

All appeals must be in writing. Please provide a letter with the following information: (1) state why academic performance resulted in suspension, (2) discuss your plan to be successful if reinstated, (3) explain why you should be reinstated. For an appeal to be processed, this form must be completed and returned no later than **Monday, August 17, 2009, by 12 PM.**

The Admissions Committee will not review incomplete petitions, so be certain you complete the requirements. Upon completion of the petition, it must be submitted to the Admissions and Records Office. Appeals may be submitted via email ([rrs@calhoun.edu](mailto:rrs@calhoun.edu)), in person, via mail (Calhoun Community College, Office of the Registrar, PO Box 2216, Decatur, AL 35609-2000), or via fax (256/306-2941).

The Admissions Committee will review your completed petition and academic transcripts during the petition for readmission meeting and will notify you via a formal letter regarding the committee's decision. In addition to the petition, **students must represent themselves at the readmission hearing which will be held on Wednesday, August 19<sup>th</sup> in the afternoon.** After receiving your Petition for Academic Reinstatement you will be contacted to schedule an appointment.

The decision of the Admissions Committee, together with the materials presented by the student, will be placed in the student's official records. Please note that unless you have a signed release on file, Calhoun officials may not discuss the results of your appeal with anyone except you, the student. This is in accordance with the Family Educational Rights and Privacy Act (FERPA).

For college use only:

Comments: \_\_\_\_\_

Appeal Granted: \_\_\_\_ Yes \_\_\_\_ No

Signature of Appeals Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_