

Date: _____
Month Day Year

Appeal of Academic Suspension

Appeal must be submitted within 10 calendar days of SuspensionSuspension Year: _____ Quarter: ☐ Summer ☐ Fall ☐ Winter ☐ SpringStudent Name: _____
Last First M.I.

Student ID #: _____ Email: _____

Address: _____
Street Apt. # City State Zip

Contact phone # _____

Name of Completion Coach or Counselor: _____

To request an appeal of academic suspension, you must submit documentation demonstrating extraordinary or extenuating circumstances that prevented your academic success. It is your responsibility to provide complete and accurate information. Incomplete or missing documentation will result in an automatic denial of your appeal.

1. Within 10 calendar days of your suspension, complete this form and submit it along with a letter addressed to the Dean for Student Retention & Completion. In your letter, provide a clear explanation of the extraordinary or extenuating circumstances that prevented you from achieving academic success since being placed on "subject to suspension" status.
2. Along with your letter, include supporting documentation that verifies the circumstances you described. Examples include medical records from a healthcare provider for health-related issues or legal documents from an attorney or court personnel for legal matters. **Please note** that personal challenges such as work schedules or childcare difficulties are generally not considered extraordinary or extenuating and are **unlikely** to result in approval of an appeal.
3. Mail information to the Dean for Student Retention & Completion, Columbia Basin College, 2600 N. 20th Ave., MS-H8, Pasco, WA 99301-3379.
4. Your information will be reviewed and one of the following actions taken:
 - ☐ Your request for an appeal is denied; the information you submitted does not justify the appeal.
 - ☐ More information is needed; contact Counseling & Advising at 509-542-5505
 - ☐ Your request for an appeal is approved. Upon reinstatement you must receive **no less than a 2.00 quarterly GPA**, or you will be dismissed from Columbia Basin College without the right to appeal.

Year/Quarter student may return to Columbia Basin College:**Year:** _____ **Quarter:** ☐ Summer ☐ Fall ☐ Winter ☐ Spring

Student Signature: _____

Reviewers' Signatures: _____

Office Use OnlyDate appeal received _____
month day year