



2017-2018 Appeal

A student may appeal suspension by completing this form and attaching the required supporting materials.

Student Information

Name: [Click to enter full name.](#)

ID Number: [000Click to enter.](#)

BTC E-mail: [Click to enter BTC email address.](#)

Phone Number: [Click to enter.](#)

Semester Requesting Appeal for: Fall Spring Summer Year: [Click to enter year.](#)

Have you filed for an appeal before? [Click to choose No or Yes.](#) (If yes, when [Click to enter year.](#))

Personal Statement Letter

Use a separate sheet of paper or the space provided below to answer the following questions, a one sentence response is not acceptable. *This information will remain confidential.*

- What extenuating circumstances prevented you from successfully reaching your academic and career goals?
- What steps have you taken to address these challenges and to prevent them from occurring again? What resources will you use to support your academic progress?

[Click here to type your Personal Statement Letter.](#)

Documentation

Provide documentation to support your answers in your personal statement letter. Appeals submitted without appropriate documentation will be denied.

Certification

I certify that the information I have provided is true and complete to the best of my knowledge.

Student Signature: _____ Date: _____

Documentation should indicate whether the problem has been resolved. If from a professional care provider, the documentation should include an indication of the student's readiness to return to school.

Circumstance		Documentation
Work Related	Required overtime, required schedule change	<ul style="list-style-type: none"> • Letter from employer including effective dates(s) and whether the increase in hours was mandatory • Letter from current employer indicating flexibility with school schedule
	Reduced hours resulting in increased childcare need, layoff, job loss	<ul style="list-style-type: none"> • Letter from employer • Separation Letter
Medical/Health Issues	Serious illness, surgery, or hospitalization	<ul style="list-style-type: none"> • Letter stating doctor advised period of recovery • Record of doctor visits or hospitalization records • Letter indicating readiness to return to school
	Mental Health Issues	<ul style="list-style-type: none"> • Letter from doctor, therapist or counselor regarding issues and readiness to return to school
Family Issues	Family member medical issues	<ul style="list-style-type: none"> • Records of doctor visits and period of recovery • Hospitalization record • Letter from doctor indicating current health status
	Daycare Issues	<ul style="list-style-type: none"> • Records from daycare/school that child was required to be kept home • Letter from former daycare provider • Letter from new daycare provider
Other Circumstances or Issues	Death of loved one	<ul style="list-style-type: none"> • Obituary • Funeral program • Letter from counselor • Documentation should include date and indicate relationship to the deceased
	Housing/Eviction	<ul style="list-style-type: none"> • Eviction notice • Letter from transitional housing program or information regarding current housing • Copy of new lease if you had to move.
	Transportation	<ul style="list-style-type: none"> • Copy of new car title • Statement from someone giving rides • Bus Pass Card