



# Academic Progress Appeal Form

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

## STUDENT INFORMATION

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Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

BTC Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Semester Requesting Appeal for:      Fall      Spring      Summer      Year: \_\_\_\_\_

Have you filed for an appeal before? \_\_\_\_\_ If yes, what year? \_\_\_\_\_

## PERSONAL STATEMENT LETTER

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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 prevent them from occurring again? What resources will you use to support your academic progress?

## DOCUMENTATION

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

Please see the table on the second page for various circumstances and appropriate documentation.

## CERTIFICATION

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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