ICC Satisfactory Academic Progress Appeal

Name_____ **SSN/Student #**_____

Address_____ **Telephone #**_____

_____ **Date**_____

Email address:_____

Degree objective at ICC:

_____Associate of Art A.A.S in _____

_____Associate in Science Diploma/Certificate in_____

Appeal is being made for enrollment in _____/_____
Semester Year

1. **Explain in detail the reason for your appeal and the circumstances that affected your progress (e.g. personal problems, medical problems, transportation, child care, financial, death of relative, etc.)**

   _____
   _____
   _____
   _____
   _____
   _____
   _____

2. **Describe the changes you have made to enable you to be successful and your plan to help overcome difficulties in future semesters.**

   _____
   _____
   _____
   _____
   _____
   _____

3. **Attach documentation from a professional who can verify this information (e.g. doctor, social worker, counselor, instructor, etc.)**

4. **Attach a copy of your ICC grade transcript (available in the Records Office).**

5. **Return this to the ICC Records Office (Room 108 College Center Building). You will be notified of the appeal decision within two weeks. If your appeal is approved, your next semester is probationary.**

OFFICE USE ONLY Action: _____Approved _____Denied _____Date

Signatures: _____ _____
(Appeals Committee) (Appeals Committee)

Comments: _____

ImageNow Date : _____ Notification: _____ Financial Aid _____ Counselor

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