STUDENT SUSPENSION REVIEW REQUEST

Midland College
3600 N. Garfield, Midland, TX 79705
Fax (432) 685-6451

STUDENT INFO

1. Last Name
2. First Name
3. MC_ID#
4. Email
5. Phone #
6. Major

7. My Educational Goal is to: ☐ obtain an Associate degree ☐ obtain a certificate
☐ complete a general education program before transferring to: ______________________

8. Please provide a signed Official Degree Audit Transcript. Counselor Signature (REQUIRED): ______________________

SEMESTER OF APPEAL REQUEST

9. I am requesting a review for the following semester: (Circle only one)
   Fall 2014 ☐ Spring 2015 ☐ Summer 2015 ☐

10. Please initial each statement to indicate that you have met these requirements. You must meet all of the following criteria to submit an appeal. If you do not meet all of the criteria below, your appeal form will be returned to you.

   A. ____ I understand that I must have documented extenuating circumstances to be eligible to appeal.
   B. ____ I am currently enrolled in at least 6 or more units at Midland College for the semester circled above.
   C. ____ I am currently enrolled only in classes that are required according to the attached educational plan.
   D. ____ I understand that the appeal decision will be based on the Student Education Plan, which I have submitted to the Financial Aid Office, for the degree objective that matches the Educational Goal stated above. If I do not have an official Ed Plan, I will need to see a counselor to develop a new Ed Plan.
   F. ____ I understand that I am currently NOT eligible to receive aid except for, if eligible, outside scholarships or other enrollment Fee Waiver. I should not rely on receiving any funds until a decision is made.
   G. ____ I understand that if the appeal is approved, I must fulfill all conditions of the appeal approval. If I do not, I will not be able to receive aid until I meet the Standards of Satisfactory Academic Progress (SAP) requirements as stated in the SAP policy for financial aid. Please visit our website to view the information.
   H. ____ I understand that IF I HAVE a Bachelor’s or higher degree, I must explain why I am enrolled at a community college and the purpose of returning to a two year program. I may only be eligible for a Federal Direct Loan IF my appeal is approved AND I have REMAINING FEDERAL loan eligibility.
   I. ____ I understand that at the time of my appeal, the Appeal Committee will review my entire academic history, including current semester enrollment.
   J. ____ I understand that an appeal approval cannot re-instate my aid for a prior semester.
   K. ____ I understand that if the appeal is denied, the decision is final. If the appeal is approved, the appeal decision is for one semester only.
REASON FOR APPEAL

11. Check all reasons that apply to your Disqualification:

☐ I have completed less than 75% of the classes I have enrolled in.
☐ My semester GPA is below 2.0.
☐ I have attempted more than 70 total units from all colleges attended in the United States and foreign countries.
☐ I have earned an Associate’s Degree (AA/AS), Bachelor’s Degree (BA/BS) or higher degree in the United States or foreign country.

PLEASE PROVIDE THE DOCUMENTATION AN EXPLANATION TO THE QUESTIONS BELOW.

12. Please answer the following questions on a separate piece of paper and attach your detailed explanations to this appeal form. You MUST submit supporting documentation to verify your extenuating circumstances. Please do not indicate that you have a financial hardship since that is not relevant to this appeal.

a) Why have you failed to complete 75% of all units attempted OR maintain a semester 2.0 GPA.

b) If you have an Associate’s Degree or higher, AND/OR have attempted 70 or more units, please explain why you are enrolled at a community college and the purpose of returning to a two year program.

c) What personal or academic changes have you made to improve your academic progress and/or complete your educational plan this semester?

PLEASE MAKE SURE ALL SUPPORTING DOCUMENTATION IS ATTACHED. PLEASE PRINT YOUR MC_ID NUMBER ON EACH ADDITIONAL PAGE YOU PROVIDE.

STUDENT CERTIFICATION

13. SIGNATURE __________________________ DATE ______________

APPEAL PROCESS: Appeals are reviewed based on the order of which they are received. However, during peak processing periods, which are July – September and December – February, the review process may take 4 to 6 weeks or longer. You will be notified by email of the appeal decision.

The decision of the Appeal Committee is FINAL.

Appeal decision: Approved _______ Denied _______ Date:___________

The committee has ruled that the student’s status cannot be changed by the Financial Aid Office. One or more of the following conditions and reasons support this decision:

1. The student’s goals and educational objectives are unclear.

2. The student’s academic history does not indicate success.

3. The student has been taken off suspension in the past and did not abide by the contract conditions.

4. Student is not taking courses towards a program offered at MC.

5. The student has exceeded the maximum time frame for his/her degree.

In order to be reinstated the student must:

complete at least six credit hours during a subsequent semester and earn a ’C’ or better in all courses attempted. All six credit hours must be completed within the same semester.

be enrolled in an accepted program OR meet with an academic advisor establish an appropriate academic plan.

Please initial

Reviewed by: _________ _________ _________ _________