

# MOTLOW COLLEGE ACADEMIC APPEAL FORM

<b>Date</b>		<b>MSCC A#</b>	
<b>Name</b>		<b>Email</b>	
<b>Address</b>		<b>Cell Phone</b>	
<b>City</b>		<b>Home Phone</b>	
<b>State, Zip</b>		<b>Work Phone</b>	

- What is the name of your Completion Coach or Faculty Advisor?  
\_\_\_\_\_
- In the past year, how often have you met with your Completion Coach or Faculty Advisor?  
Never\_\_\_\_\_ 1-2 Times\_\_\_\_\_ 3-5 Times\_\_\_\_\_ 6 or More Times\_\_\_\_\_
- College from which you are suspended:\_\_\_\_\_
- Last term attended:\_\_\_\_\_
- Request (re)admission for **Fall Term 2017**.
- If appeal is granted, how many credit hours would you like to take in the upcoming semester? \_\_\_\_\_
- If appeal is granted, do you plan to work while attending college? \_\_\_\_\_
- If yes, how many hours per week? \_\_\_\_\_

Provide typed responses to the following questions on a separate page and attach to this completed appeal form.

1. What extenuating or extraordinary circumstances contributed to your lack of academic success? Explain how the circumstances impacted your academic performance and provide appropriate documentation about your circumstances.
2. Explain how the circumstances have been resolved allowing you to perform at a satisfactory academic level.
3. What strategies and resources do you plan to use that will help you be academically successful?
4. Why should the Committee grant your appeal and allow you to return to Motlow College the following semester?
5. What additional information do you want the committee to consider in the review of your appeal?

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

Date: \_\_\_\_\_

**OFFICE USE ONLY**

\_\_\_\_\_ Approved \_\_\_\_\_ Denied Comments/Restrictions: \_\_\_\_\_

Committee Chairperson: \_\_\_\_\_

Date: \_\_\_\_\_

## MOTLOW COLLEGE ACADEMIC APPEAL FORM (Cont.)

Include in your request:

1. The Academic Appeal Form (page 1 of this document).
2. Typed responses from page 1.
3. Official transcripts. Motlow transcripts will automatically be included with this request. If you are on suspension from a college other than Motlow, **be sure to include an official transcript from that college**. Academic appeals will not be reviewed unless official transcripts are received by the due date.

**Mail:** Motlow State Community College  
Student Affairs, Dept. 520  
P.O. Box 8500, Lynchburg, TN 37352

**Fax:** (931) 393-1971

Motlow Admissions must receive all appeal documentation by mail or fax no later than, **Friday, August 11, 2017 (no exceptions)**. To confirm receipt of your appeal submission, contact Admissions at (931) 393-1520.

If you have any questions regarding this process, please call the office of the Dean of Students at (931) 393-1690.