



Academic Suspension Appeal Form

Full Name:

ctcLink ID:

Date:

GRC Student Email:

Phone:

Program of Study:

Quarter in Review:

The following is a list of common challenges students may experience. Please be honest and check the items that factored into your academic struggles.

Personal Factors:	<input type="checkbox"/> Financial concerns <input type="checkbox"/> Lack of support network <input type="checkbox"/> Family responsibilities <input type="checkbox"/> Childcare	<input type="checkbox"/> Transportation <input type="checkbox"/> Any health-related concern(s) <input type="checkbox"/> Work schedule conflicts <input type="checkbox"/> Other: _____
College Factors:	<input type="checkbox"/> Problems with academic schedule <input type="checkbox"/> Lack of computer skills/access <input type="checkbox"/> Problem(s) with Instructor <input type="checkbox"/> Inadequate facilities for studying	<input type="checkbox"/> Lack of knowledge of college policies and procedures <input type="checkbox"/> Lack of knowledge of support resources <input type="checkbox"/> Other: _____
Learning Factors:	<input type="checkbox"/> Language barrier <input type="checkbox"/> Not going to class <input type="checkbox"/> Struggle to take effective notes <input type="checkbox"/> Struggle with time management	<input type="checkbox"/> Don't know how to effectively study <input type="checkbox"/> Lack of academic confidence <input type="checkbox"/> Difficulty taking tests <input type="checkbox"/> Other: _____

In considering the list above, **please explain** your significant personal and/or academic challenge. How have you addressed these concerns? *(Additional pages can be attached if needed)*

Do you feel you know/knew where to go for support to help you work through the above challenge(s)? **Please explain.**

Please attach any supporting documents or additional pages for the questions above that you believe will strengthen your appeal. This may include medical records, letters of recommendation, or other relevant evidence.



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Submission Deadline: All completed appeal applications for each quarter must be submitted by ONE WEEK after grades have been posted. Late submissions will not be considered.

Submission Instructions: You may submit your completed application form and supporting documents through one of the following methods:

1. Online: www.greenriver.edu/upload
2. Physical Drop-off: **Appropriate Advising Office (TRiO, CAC, MESA, DSS, Veterans, etc.)**

For a complete application, please ensure that all attached documents are labeled clearly.

You must include:

1. Completed application form.
2. Supporting documentation (*ex. emails from instructors, medical records, letters, etc.*)
3. Educational plan (*mapping out classes for your program*) created with assigned faculty or staff advisor.

Privacy and Confidentiality: All information provided in this application will be treated confidentially and in accordance with privacy laws. The information will only be used for the purpose of evaluating your academic suspension appeal.

Please note:

- Incomplete or insufficient applications may result in the denial of your appeal.
- Please ensure that all information provided is accurate and up to date.

By signing below, I acknowledge that I have read and understood the instructions, and that the information provided in this application is true and accurate to the best of my knowledge.

Student's Signature

Date:

You will be contacted regarding the outcome of your academic suspension appeal in **7-10 business days**. If you have any questions or would like to follow up on your appeal, you can contact **your appropriate advising office**.

Academic Standards Committee USE ONLY	
Date Reviewed:	Committee Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Date student was notified:	
Notes:	