Coon Rapids Campus Jennifer Christensen C211 11200 Mississippi Blvd. NW Coon Rapids, MN 55433 Fax: 763-433-1321

suspension@anokaramsey.edu



Cambridge Campus Appeals may be turned in at the Information Desk.

Fax: 763-433-1321 suspension@anokaramsey.edu

## Suspension $\Box$ Appeal $\Box$ Re-appeal Form

	Type of Suspens	ion	nd Financial Aid	Ш	Financial Aid Only
Name:	First	M.I.	Former		Student ID #
Day Phone () _				)	
EMAIL:				/ _	
ŗ	Го appeal Academic а	and/or Financial Aid ension committee in i	l Suspension con		all of the 10 steps below: ation, what has changed, and how you will be
Attach requi	red information: (Imp	ortant – Appeals sub	mitted without re	equired	d documentation will not be reviewed).
standards. An academic suspension a result of at least two 2.0 GPA and/or the mistatement.	on does not occur as a cor more consecutive senimum cumulative 676	result of poor academ emesters of performin 6 earned completion	ic performance in g below the Anotrate. Below are	n one a ka-Rar some h	mstances) for falling below the <b>academic</b> academic semester. An academic suspension is msey Community College minimum cumulative alpful hints you may want to include in your
<ol> <li>Lack</li> <li>Too</li> <li>Perso</li> <li>No n</li> <li>Rela</li> <li>Lack</li> <li>What is the ro</li> </ol>	e factors that led to you to of basic skills (math/n many credits (with oth onal problems najor/career direction-nationship problems to of motivation ole you played in the ci	eading/writing) er responsibilities) no focus on a goal rcumstances you face	7. Medi 8. Attitu 9. Work 10. Hom 11. Deat	ical/He ude x situat ne situa	ealth Issue tion tion
described, provide you statement. a. Wha b. Clea c. Crea futur	r educational goals and t can you do to ensure rly define your acaden te an action plan to acl	I plans to fulfill those future success? What ic and career goals. nieve your goals/prevo	goals. Below are tresources around	e some	elve the extenuating circumstances you have the helpful hints you may want to include in your college are you going to use?  from affecting your student success in the
beyond your control ar Extenuating circumstan medical provider), fam service), work (letter fi a. Stud	nd will not need support nees <b>beyond your con</b> nily or court emergency com employer), etc.	trol may include study (legal statement), bisess extenuating circum	lent injury or illnorth (birth certifica	ess (M ate), de	edical Verification Form completed by your eath in the family (obituary or card from a neir medical provider complete the "Medical"

- Ramsey Community College).

  a. It is a student's responsibility to submit unofficial transcripts with your appeal.
  - b. Students who have submitted transcripts to the Records and Registration office of Anoka-Ramsey Community College will *still need to submit* unofficial transcripts with their appeal.

4. You must submit unofficial transcripts from each higher education institution you have previously attended (other than Anoka-

- Follow these instructions to print an unofficial Minnesota State transcript:
   Go here <a href="http://www.anokaramsey.edu/resources/transfer/transcript-requests/">http://www.anokaramsey.edu/resources/transfer/transcript-requests/</a> to print unofficial transcripts
   Login using your Star ID and Password:
  - 1. Click the check box for your name to display on your unofficial transcript
  - 2. Click "HOME" in the upper left hand corner
  - 3. Click the institution in the middle of the page you want to print an unofficial transcript for
  - 4. Click "Grades and Transcripts" on the left hand side of page
  - 5. Click "Academic Record" on the left-hand side of page
  - 6. Choose format and click "Get Academic Record"
  - 7. Click Print



☐ 5. What is your	planned enrollment if your	appeal is approved	1?					
Department	Course Number	Course Title				Credits		
					<b>7</b> D 4	10 14		
					101	tal Credits		
	ir weekly class/study/work	commitment look l	like?					
Number of	credits Class/	Study Hours	1	Work Hours	s (per week)	TOTA	AL .	
	X 3							
☐ 7. Complete the	e following:							
	ommunity College Major	/Dograg						
Most recent term of		Degree						
Term seeking to ret								
		11° A 11	1 /	1 4	. 1 . 11	.1 1 11'	1 1 . 1 . 1	
8. Suspension	Appeal/Re-Appeal Dea	annes: An appea	ais/re-ap	pears <u>must</u>				
	Term Suspended			Appeal/Re-Appeal Deadlines (Deadlines are firm, late appeals will be denied)				
Annealing for Sum	nmer, 2018 semester – Stu	dents annealing			(Deadines are ji	тт, шие арр	ears war be denied)	
	other higher education inst		ension	May 11th.	by 4:00 p.m.			
	ollment at Anoka-Ramsey			• /				
prior to Spring, 201								
	Appealing for Summer, 2018 semester – Students appealing							
Suspension from another higher education institution or Anoka- May 23rd, by 4:00 p.m.								
	Ramsey Community College <b>Spring</b> , <b>2018</b> semester only.			M 204h	1 4 00			
	Summer, 2018 semester al Aid only for Summer, 2	2018		May 30th, by 4:00 p.m.  June 7th, by 4:00 p.m.				
	ncial Aid only for Spring,			June 14th, by 4:00 p.m.				
	, 2018 semester – Students		sion	June 1 min	by Hoo pills			
	r education institution or on			A Oth	h 4.00			
	t at Anoka-Ramsey Commu	unity College prior	to	August 9 <sup>th</sup> ,	by 4:00 p.m.			
Summer, 2018.								
	, 2018 semester – Students		sion		4.00			
	r education institution or Ar			August 22 <sup>n</sup>	<sup>id</sup> , by 4:00 p.m.			
	e Summer, 2018 semester	only.		August 30th	h, by 4:00 p.m.			
Re-appealing for Fall, 2018 semester Appealing Financial Aid only for Fall, 2018				September 7th, by 4:00 p.m.				
Re-appealing Financial Aid only for Fall, 2018				September	14 <sup>th</sup> , by 4:00 p.m	<u>.                                    </u>		
	Appeal/Re-Appeal – G		xpectati			-		
_			_		ns helow. Pleas	se read and	initial each line below and	
	n at the bottom to indic					or read aria	minute cuell line below und	
						1 11 0.1		
		my appeal must	be comp	oleted accur	rately, legibly, ar	nd all of the	required documentation mus	
be submitted for this	appeal.							
I understa	and that my appeal must l	be submitted by t	the dead	line date or	my appeal will	be denied.		
Lundareta	and that Analsa Damaay (	Community Colle	000 1000	mias tha rial	hts to songal my	ragistration	for subsequent terms withou	
	o meet the conditions out			ives the rigi	ints to cancer my	registration	i for subsequent terms withou	
notice should I fail to	J meet the conditions ou	unica within this	аррсат.					
					ate College or U	niversity ar	nd my appeal is approved, I	
will not be able to re	egister for classes until by	y balance has bee	en taken	care of.				
LUNDER	RSTAND THAT ANY (	COMMUNICAT	TION R	EGARDIN	IG THIS SUSPI	ENSION IN	NFORMATION.	
							AILED TO THE EMAIL	
	DED WITH THIS APP							
		-						
$\square$ 10. I have read.	initialed and understan	d each of the Gu	uidelines	s and Expe	ctations.			
·····		<i>y</i>						
Student Signatu	re:					Da	te:	



Students: if you have cited medical or mental health issues as reason for a petition or appeal, it is necessary to provide a statement from your medical/mental health provider supporting your extenuating circumstances. It is not necessary to supply medical records.

Medical Providers: please submit this completed form directly to: Fax #: 763-433-1321 or email to: suspension@anokaramsey.edu

## MEDICAL VERIFICATION FORM

VIEDICAL VEI	MITCATION	OKW	
Student Name	Last	First	Middle
City		State	Zip
Phone #		_Email	
<b>Provider:</b> The studing impacted their acade	-		on for extenuating circumstances that have
Medical/psycholog	gical condition (ple	ase provide a brief description	n) (Medical records are not required.)
Dates seen by the t	orovider:		
1. In your profess from attending class	-	•	have treated the patient prevent a student  ☐ No
2. In your profess completion of cour	-	•	have treated the patient prevented the  No
* *	-		int where the resumption of coursework and
attendance is a reas	sonable expectation	n for the student? $\square$ Ye	s 🗆 No
	`		
I verify that the abo	ove information is	true and correct:	
Provider Signature	:		Date:

Established: 09/09/16