



Western Nebraska
Community College

Academic Reinstatement Appeal

PLEASE TYPE OR PRINT

Name of Applicant: _____ Student ID : _____

Address: _____ City: _____ State: _____ Zip: _____

Major: _____ Credit Hours Earned: _____ Cum. GPA: _____ Sem. GPA: _____

Term(s) Dismissed: _____ Phone # _____

Member of TRIO? Yes No Currently living on campus? Yes No

WNCC Athlete? Yes No If so, which residence hall? _____

Faculty advisor _____ Success Coach _____

Explain the circumstances that contributed to your academic performance (attach an additional page if needed). _____

How do you intend to change your performance to enable your return to academic good standing?

Please provide a schedule of courses in which you will enroll if this appeal is approved.

Course Name	Section	Credits	Days	Time

Explain why the courses you have indicated are good choices.

Appeal Review Procedures:

The Vice President of Student Services will evaluate all academic appeals. To ensure that the students needs are best represented the Vice President may request additional information from the student, his/her advisor or other officials. Non-academic, as well as academic factors may be considered if they are pertinent to the student's request for reinstatement. If the Vice President of Student Services decides to reinstate the student, he/she will set forth the conditions that must be met by the student.

Applicant Signature: _____ Date: _____

RETURN THE COMPLETED FORM TO THE OFFICE OF THE VICE PRESIDENT OF STUDENT SERVICES

Advisor's Comments:

Advisor's Recommendation: Approval Non-Approval

Advisor Completing this Form (Please print name) _____

Advisor Signature: _____

Vice President's Comments:

Final Action: Approved Not Approved

Signature: _____ Date: _____

Vice President of Student Services