



Satisfactory Academic Progress Appeal & Action Plan

Student Name: _____ ID: _____

Student Email Address: _____ @mb.rctc.edu

Declared Major: _____
Phone Number _____

I am appealing the following Suspension(s):
(Check all that apply)

- Financial Aid Suspension
- Academic Suspension

Appeal Checklist:

TERM of requested reinstatement:
(i.e.: Fall Semester 2010)

- Personal Statement – typed, **SIGNED** and dated
- Documentation of any new medical or personal circumstances *(if applicable)*
- DARS (Degree Audit Reporting System) Report attached (Printed from your web portal. Instructions are available online at <http://www.rctc.edu/admissions/html/dars.html>)
- Academic plan. (Use DARS report to complete the following.)

List below the courses you plan to enroll in if your appeal is approved and the number of credits for each: (i.e.: CHEM 1101 – 3 credits)

Notification Statement:

When a decision on your appeal has been made, a determination notice will be sent via email to your official RCTC email account. You are responsible for checking your email account to receive the result of your appeal. If you need assistance accessing your account, contact RCTC Computer Services at (507) 280-5555.

In certain circumstances, the Financial Aid Appeal Committee may offer options regarding your registration. These options, if applicable, may require that you respond within a specific number of days (usually 5 days or less). The timeframe in which you must respond will begin on the date the notice was sent to your email account - - not the date you actually accept and/or read the notification. Therefore, it is important you continue to monitor your RCTC email account.

Certification:

I understand my determination notice will be emailed to my official RCTC email account. If I must reply to the determination notice within a specific timeframe, I understand RCTC will begin counting this timeframe from the date the email was sent. If I do not check my email or otherwise fail to read the notice sent to me, I realize I may lose the right to exercise options which may be offered. If my appeal is approved, I agree to adhere to all conditions listed in the approval and register **only** for courses listed in my academic action plan.

Signature: _____ Date: _____

**Submit this form and appropriate attachments (as indicated above)
to the RCTC Counseling Department.
Fax: (507) 280-2956**