GARDEN CITY COMMUNITY COLLEGE

APPLICATION FOR

ACADEMIC REINSTATEMENT

PLEASE PRINT:

_____

Last Name First Name GCCC ID Number

_____

Mailing Address City State Zip

_____

Cell Phone Number Home Telephone Number Email Intended Major

When did you last attend GCCC? _____ Is this your first suspension from GCCC?_____

When do you wish to return / attend Garden City Community College? Fall 20___ Spring 20___ Summer 20___

List institutions you have attended:

Institution(s)	Dates Attended
_____	_____
_____	_____

Checklist of information to provide with this appeal form (*documentation will not be returned to applicant*).

Only complete application files will be reviewed.

- ☐ **Academic statement** - EACH of the following questions must be answered in your typed statement attached with this application.
  1. Please identify which of the following factors impacted your ability to succeed at GCCC (choose all that apply): Social, Academic, Financial, Career/Major, Personal, Medical **(if Medical, must provide documentation)**, or other.
  2. Explain the indicated factors in question one and how they led to your academic suspension.
  3. In what way were you responsible for your academic suspension? Explain.
  4. If you were not enrolled at GCCC last semester, what have you been doing since your academic suspension that supports your request for reinstatement?
  5. What have you done to prepare for a possible return to GCCC? Be specific.
  6. What plans do you have for both coursework and academic success if reinstated to GCCC?
     a. What courses do you plan to take and how many hours if reinstated?
     b. Do you have a job? If so, how many hours will you be working if reinstated?
- ☐ **Students must provide a degree audit from an academic advisor**.
- ☐ **Documentation to support appeal** – You should attached documentation (ie. Medical, legal, academic) to support your appeal. Two letters of support from those who are familiar with your academic potential will be accepted (instructors, advisors & counselors). One letter of support may come from a family member.
- ☐ **Official Transcripts from each institution you have attended must be on file at GCCC.**

Submission of this application and academic statement states that you understand that your application will be considered on its own merits by the Academic Review committee and that reinstatement is not automatic. Priority is given to complete applications files received by the filing deadline. **This appeal DOES NOT include Financial Aid Appeal**.

_____ _____

Signature **Date**

Return this form and all documentation to the following address:

Mailing address:
Garden City Community College
Director of Enrollment Management
801 Campus Dr, Garden City, KS 67846

Hand delivery to:
Director of Enrollment Management
Student and Community Services Center
801 Campus Dr, Garden City, KS 67846