

Check one:

**DMACC - ACADEMIC IMPROVEMENT PLAN (AIP)**

**DMACC - GRADUATION PLAN**

**PART 1 Student Information**

DMACC ID or SSN

Date \_\_\_\_\_

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Name \_\_\_\_\_  
(Last) (First) (M)

Program: \_\_\_\_\_

Term \_\_\_\_\_

**PART 2 Reasons for AIP/Graduation Plan (Check all that apply)**

- Conditional Enrollment     Student has been academically disqualified and desires to re-enroll.  
 Financial aid warning     Financial aid cancelation     Graduation plan – extending aid

**PART 3 Reasons for not meeting Academic Progress Standards/Degree Completion Requirements**

- Attendance     Health issues     Financial issues     Extending aid  
 Time management/study skills     Other (specify) \_\_\_\_\_

**PART 4 Class Schedule**

Semester: \_\_\_\_\_

Semester: \_\_\_\_\_

Semester: \_\_\_\_\_

Course #	Credits

Course #	Credits

Course #	Credits

Per ES4560 the number of credits and courses allowed in a semester may be limited for students not achieving satisfactory academic progress.

**PART 5 - Plan for Academic Improvement/Degree Completion**

What will you do differently this term to achieve academic success/degree completion? (Be specific – “study 20 hours/week”; “arrange for tutor”)

\_\_\_\_\_

\_\_\_\_\_

Counselor/Advisor comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's Signature \_\_\_\_\_ Counselor/Advisor: \_\_\_\_\_

## Des Moines Area Community College ACADEMIC DISQUALIFICATION APPEAL

### Part 1

Last Name	First Name	M	DMACC ID Number	
Address		City	State	Zip
Phone Number		DMACC Email Address		
Campus Attending		Program of Study		

### Part 2 Please check off and attach requested documentation to this form:

1. **Develop** a written document that explains the actions, events, and/or behaviors that resulted in your academic disqualification. Academic disqualification occurs after failing to meet Academic Standards for 3 terms.
2. **Provide** any documentation to support issues that you discussed in #1, as available. An example would be to include documentation from a medical professional if illness, accident, or treatment was a major factor with your academic difficulties. All extenuating circumstances and documentation must be dated to reflect the time periods that resulted in academic disqualification.
3. **Develop** a proposal/plan that describes what actions you will take to come into compliance with Academic Standards, if allowed to re-enroll. Share the reasons why your appeal should be considered.
4. **Include** an updated Academic Improvement Plan (AIP) form signed by an advisor or counselor.
5. **I understand that appeals without sufficient documentation may be automatically denied.**
6. I understand that the Academic Disqualification Appeal form does not count, replace, or satisfy the requirements that are necessary for the Financial Aid Appeal Process. I will contact Student Financial Aid to check my financial aid status.

### Part 3

Once you have completed the above information, return it in an envelope labeled Attention: Director, Student Development, to the Student Services office at any DMACC Campus. **If the information submitted is not complete, the appeal will not be processed.**

Academic Disqualification Appeals **MUST** be received in the office at the Ankeny Campus **by the date listed on your disqualification letter.** Late appeals will **NOT** be considered.

Your appeal will be reviewed by the academic disqualification committee and **you will be notified of their decision via DMACC email.** The committee has the right, per DMACC policy ES4560, to impose reasonable conditions should they choose to grant your appeal.

### Part 4

By signing this form, I am acknowledging that all information provided in this appeal is true, correct, and complete to the best of my knowledge. Any false statements or misrepresentations will result in my appeal being denied.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_