



SUBJECT TO DISMISSAL APPEAL FORM

Pursuant to Los Angeles Community College District Administrative Regulation E-72, students have the right to appeal a proposed academic dismissal if he/she experienced extenuating circumstances beyond his/her control which warrant an exception to the dismissal.

Name: _____
Last First

Student ID #: _____ Date of Birth: _____

Phone Number: _____ Email: _____

FOLLOW THE STEPS REQUIRED TO SUBMIT THIS FORM:

1. Provide a clear statement of extenuating circumstance(s) beyond your control for lower grades, frequent withdrawals and/or incompletes (W, I, NC, NP)

2. Explain in detail what measures you will take to improve your academic performance.

3. Attach documents to support the extenuating circumstance(s) listed above.

4. Submit all documents to the Admissions and Records Office.

Your appeal will be reviewed by the appeals committee and you will be notified of the decision within fifteen (15) calendar days after the determination is made.

Student Signature: _____

Date: _____

FOR OFFICE USE ONLY

THE APPEALS COMMITTEE DETERMINED THAT THIS APPEAL HAS BEEN:

APPROVED

DENIED

COMMITTEE MEMBERS SIGNATURES:
