

DISMISSAL APPEAL FORM – PART II

DO NOT WRITE BELOW. THIS WILL BE COMPLETED WHEN YOU HAVE YOUR READMISSION REVIEW MEETING.

Name _____ SS# _____

I understand that I have lost all financial aid eligibility, including student loans, for the readmitted term. If you feel you have extraordinary circumstances, financial aid appeal forms will be available in the Financial Aid Office.

- Your request for readmission has been denied.
- You have been readmitted to Herkimer County Community College for: Fall Spring
 Part-time
- Credit hours limited to 6 to 9 credits.
- Counseling appointment made by _____ (Meetings will continue until determined to be no longer necessary.)
- Appointment with Advisor _____ (weekly), (monthly), (other) _____
- Appointment with Dean _____ (weekly), (monthly), (other) _____
- Mid-term grades will all be satisfactory.
- Other _____
- New Curriculum _____ Form completed and attached.
- Second Chance Policy applies _____ Form completed and attached.

Reviewer's Signature

Date

I have read the Academic Standards and Regulations, understand the impact on my academic and financial aid standing, and agree to the above conditions for my continued enrollment at Herkimer County Community College. I understand that this contract will be reviewed on a regular basis and if I do not adhere to these conditions, a referral will be made to the Dean of Students Office for disciplinary action. This may significantly affect my status as a student at Herkimer County Community College.

Student's Signature

Date

Registrar's Office: On SHAINST, change "EOT Academic Standing" to "DR" (means dismissal/reinstated)
Enter attached class schedule (SFAREGS) _____
(Done by) _____ (Date) _____

Business Office collects this form, completes billing, prints schedule. _____
(Done by) _____ (Date) _____