

**Miami Dade College  
Advisement Services**

**Questionnaire for Academic Dismissal/Suspension Appeal under Miami Dade College Standards of Academic Progress**

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.

**Have you previously been suspended or dismissed?**    No    Yes   Give Date(s) \_\_\_\_\_

Student's Name: \_\_\_\_\_ MDC Student ID #: \_\_\_\_\_  
(Use SSN if you don't know)

E-mail Address: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip

Phone Numbers: Daytime (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Current Status:    Suspension    Dismissal

**Directions:** Items one (1) through six (6) must be completed in order for your appeal to be considered.

1. Submit a letter explaining the specific reasons that led to your suspension/dismissal. (Attach letter to form)

2. Describe lifestyle changes you have made to improve the situation discussed in your letter. Be specific.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What changes will you use to improve your academic progress if your appeal is approved? Be specific.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How many hours per week do you intend to work if you are allowed to take courses? \_\_\_\_\_

5. What other responsibilities do you have that must be considered in planning your academic schedule?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Documentation attached:  Typed or Written letter explaining your case  
 Letter from your employer on company letterhead regarding work  
 Written statement from your doctor on letterhead and/or hospital statement  
 Death certificate and/or obituary  
 Other \_\_\_\_\_

I understand that, in order to continue at Miami Dade College, I must abide by the guidelines set forth in the **Contract of Agreement and by the academic decision(s) of the Suspension/Dismissal Appeals Committee.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date Signed