MIAMI DADE COLLEGE
NORTH CAMPUS
ADVISEMENT SERVICES

Questionnaire for Academic Suspension/Dismissal

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY.

Have you been suspended or dismissed previously? ☐ No ☐ Yes Date(s) _____

Student's Name: _____ MDID: _____

Email Address: _____

Current Address: _____
City/State Zip Code

Phone #: (Day) _____ (Evening) _____ (Alt) _____

Current Status: ☐ Suspension ☐ Dismissal

Directions: Items one (1) through six (6) must be completed in order for 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.

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

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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?

_____

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6. Documentation attached: *(Please indicate)*
   - ☐ 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