Coon Rapids Campus
Jennifer Christensen
11200 Mississippi Blvd. NW
Coon Rapids, MN 55433
Office: 763-433-1280
Fax: 763-433-1321

ANOKA-RAMSEY COMMUNITY COLLEGE

Cambridge Campus
Appeals may be turned in at the Information Desk.

BLACK INK ONLY!

Suspension ☐ Appeal ☐ Re-appeal Form

BLACK INK ONLY!

☐ **Academic & Financial Aid appeal** ☐ **Financial Aid appeal only**

☐ **Coon Rapids Campus student** ☐ **Cambridge Campus student**

Suspension is due to my performance at: ☐ ***Anoka-Ramsey*** ☐ ***Another MnSCU Institution*** ☐ ***School Outside of MnSCU System***

Student Section: (please print)

Name: _____ Student ID # _____
Last First M.I. Former **(Not your Star ID)**

Day Phone (_____) _____-_____ Eve Phone (_____) _____-_____

EMAIL:_____
STUDENTS ON SUSPENSION WILL NOT BE ABLE TO ACCESS THEIR ANOKA-RAMSEY EMAIL – PLEASE USE A PERSONAL EMAIL ADDRESS

Street Address:_____

City, State, ZIP _____

ARCC Major/Degree _____

Most recent term of attendance _____ Term seeking to return _____

Number of credits requesting _____ Number of hours employed during returning term _____hours/week

Suspension Appeal/Re-Appeal Schedule	
Term Suspended	***Appeal/Re-Appeal Deadlines*** ***(Deadlines are firm, late appeals will be denied)***
Appealing for Fall, 2014 semester – Students appealing Suspension from another higher education institution or on Suspension from a previous enrollment at Anoka-Ramsey Community College	August 1st, 2014 – by the end of business day
Appealing for Fall, 2014 semester – Students appealing Suspension at Anoka-Ramsey Community College from ***Summer, 2014 semester*** only.	August 15th, 2014 – by the end of business day

******Students who are on Suspension will not have access to Anoka-Ramsey Community College computers******

APPEALS missing documentation will be denied.

1. **Type of Extenuating Circumstance:** (check one)

   ☐ Medical ☐ Veteran ☐ Death in family ☐ Work related ☐ Child Care ☐ Other

   If you check Other, please explain:_____

   _____

2. **Provide a TYPED and SIGNED letter detailing your extenuating circumstance/s that negatively affected your academic progress AND provide supporting documentation** (i.e. statement from medical facility, obituary, etc. (please do not attach documents needing to be returned.).

3. **Provide a TYPED and SIGNED letter detailing the plans you have made to resolve the extenuating circumstance/s you have described.**

4. **You must submit unofficial copies of transcripts from each higher education institution you have previously attended (other than Anoka-Ramsey Community College).**

APPEALS WITHOUT DOCUMENTATION WILL BE DENIED! YOUR SIGNATURE IS REQUIRED!

RE-APPEALS WITHOUT ADDITIONAL DOCUMENTATION WILL BE DENIED!

Page 2 must be completed or your appeal will be denied.

ANOKA-RAMSEY
COMMUNITY COLLEGE

SUSPENSION APPEAL/RE-APPEAL
Guidelines and Expectations

Appeals will be considered in accordance with the guidelines and expectations below. Please read and initial each line below and sign the certification at the bottom to indicate your understanding of each point.

_____ I understand that Anoka Ramsey Community College reserves the rights to cancel my registration for subsequent terms without notice should I fail to meet the conditions outlined within this appeal.

_____ **I UNDERSTAND THAT ANY COMMUNICATION REGARDING THIS SUSPENSION INFORMATION, INCLUDING QUESTIONS, RESULTS AND ANY FOLLOW-UP OF THIS APPEAL WILL BE EMAILED TO THE EMAIL ADDRESS PROVIDED ON THE FRONT OF THIS APPEAL.**

_____ I understand ***all requested documentation (1-4) on the front*** of the Suspension Appeal/Re-Appeal must be completed and submitted with this appeal.

_____ I understand I will be required to register for approved courses in person at the records office window or with an advisor.

_____ I understand that I am financially obligated for any course that is not dropped, even if I have not attended the course.

I have read and understand each of the above:

Student Signature _____ **Date** _____