

This form is used to apply for reinstatement to Colorado Mountain College after serving an Academic Suspension. Discuss the appeal process with your academic advisor or college counselor before submitting an Appeal for Academic Reinstatement.

Please Note: All students who have been academically suspended must sit out at least one school semester (fall or spring term) before they are eligible to appeal for reinstatement. Submit your appeal in the term prior to your planned return.

To request Academic Reinstatement, students who meet the above criteria must:

- Meet with a College Counselor or Academic Advisor
- Complete this Appeal for Academic Reinstatement Form
- Enter typed statements detailing the reason(s) for the Appeal for Academic Reinstatement request

Student Information:

What semester do you plan to start taking classes again? _____

Last Name

First Name

MI

Student ID

CMC Email

Phone Number

Appeal Statement:

Please enter your responses into the text-boxes below. The text-boxes will expand to contain your entire response. This is your only representation in the Academic Appeals Committee Meeting. Proofread your statement and provide complete answers to the following questions:

1) An explanation of what occurred that led to your poor academic performance?

2) If your appeal is granted, what course of action will you take to get yourself off of Academic Suspension by the completion of your next semester at CMC?

3) What classes do you plan to register for? Are you changing your major?

4) As a student, what do you feel your strengths are and what areas need improvement?

5) What CMC faculty or staff member could serve as a reference for you if the committee felt the need to contact them to better understand your situation (Please include their name, phone number and email address)?

6) If you have been on Academic Suspension with CMC previously, what are the circumstances for you being on suspension again?

Student Signature Date

Please submit this form along with your supporting documentation via email to the college counselor/academic advisor at your campus. See the [CMC Campus Contact Information](#) page for contact details.

OFFICE USE ONLY**College Counselor/Academic Advisor/Chair of Academic Appeals Committee**

Academic Reinstatement Request Approved

Academic Reinstatement Request Denied (reason) _____

Signature Date

Registrar

Signature Date
Etrieve Colleague

This form is processed by the Registrar's Office

Office of the Registrar
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