



# West Valley College

## ACADEMIC APPEAL PETITION

Received By: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Procedures for Appeal:

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- Submit this petition along with any supporting documentation in person, by fax, or U.S. mail to the WVC Admissions & Records Office.
- **Academic Appeal must include** an explanation of the contributing factors and **documentation of those circumstances when applicable.**
- Examples of **documented extenuating circumstances are:** serious illness, severe injury, car accident, death in the family, etc., which affected the reasons for your appeal. *A wrong or difficult class, too many units in the term, bad time management, transportation issues, too many work hours, etc. are **NOT** extenuating circumstances.*
- *All Academic Appeals will be reviewed by the Academic Appeals Committee. The student will be notified of the decision by email including written committee recommendations and requirements. The decision of the Committee is final. **No in-person appeals will be considered.***
- **Petitions are processed and emailed every Friday (excluding holidays).**  
*(If you have changed your email since you applied, please make sure we have your most current email)*
- Approval of this petition has no bearing on decisions made regarding financial aid.

### Appeal Descriptions:

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#### Course Repetition:

Students may repeat a course three times with a substandard grade or "W," A total of four times will be permitted under the **documented extenuating circumstances.** A substandard grade is less than a "C".

#### Refund/Fees Waived:

Full refund for semester length classes dropped within the deadline dates. Drop deadlines are posted on the college website.

#### Academic Renewal:

Previously recorded substandard academic performance may be disregarded if it is not reflective of a student's demonstrated ability. Student **must** meet academic renewal criteria posted on the college website or in the catalog.

#### Readmission:

A student who has been dismissed may request reinstatement by submitting a petition for readmission after an absence of one semester or a petition for readmission explaining extenuating circumstances during the semester on which the dismissal was based.

#### Drop with "W":

A student may withdraw from a semester length class through the end of the 2<sup>nd</sup> week and no notation will be made on the student's academic record. In courses of less than a regular semester's duration, a student may withdraw prior to the completion of 10% of the period of instruction, and no notation will be made on the student's record.

**OVER→**



# Academic Appeal Petition

FOR OFFICE USE ONLY Staff: _____ Date: _____
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Submit completed form to the Admissions & Records Office.

Name:		
Last	First	M.I.
E-Mail Address:		

College I.D. Number:
Phone #:

PLEASE LIST COURSE(S) RELATED TO THIS PETITION.

Semester / Year	Course Name (eg: Engl 1A)	Section # (eg: 94321)

FOR THE COURSES LISTED ABOVE, I AM REQUESTING THE FOLLOWING:

	For Office Use Only	
<input type="checkbox"/> Refund/Fees Waived Supporting documentation required.	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
<input type="checkbox"/> Drop Without "W" Supporting documentation required.	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
<input type="checkbox"/> Course Repetition	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
<input type="checkbox"/> Academic Renewal	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
<input type="checkbox"/> Drop With "W" Supporting documentation required.	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
<input type="checkbox"/> Readmission Must attach an Educational Plan.	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
<input type="checkbox"/> Other	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>

Student's justification for request: (Please use a separate sheet, if necessary.)

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Comments: (Required for Petition for Readmission.)

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Counselor Signature: \_\_\_\_\_

Comments: _____ _____ _____
Academic Appeal Petition Committee Chair's Signature: _____ Date: _____