



Student ID # _____

Non-Academic Appeal Form

Please complete this form in its entirety

Student Name: _____

First M.I. Last

Address: _____

Street City State Zip Code

Phone number: _____

Check which best fits your situation:	Include this documentation:
<input type="checkbox"/> Death of an immediate family member (spouse, child, parent, sibling or legal guardian of the student).	Obituary or death certificate which verifies your relationship to the deceased and also verifies the dates effected.
<input type="checkbox"/> Return to work (from a lay-off)/change in working hours that occurred after the semester began that substantially interferes with your ability to attend class(es).	Your employer must provide a letter on official company letterhead specifying exactly how your change in work interferes with your ability to attend class. The letter must be signed by your supervisor or higher company manager and include specific dates in which the change occurred.
*Starting/Accepting a new job is not applicable.	
<input type="checkbox"/> Medical: Provide a doctor's letter stating your condition or injury prevents you from completing classes.	The statement must be on the physician's letterhead and include expected start and end dates of the medical condition. The doctor must verify in the statement that you cannot attend any class as the medical condition prevents you from participation in employment, education, and other major life activities for the duration of the semester.
<input type="checkbox"/> Call to military duty: *Voluntary enlistment and subsequent call to duty during enrolled semester of appeal not applicable.	Submit a copy of your military orders with dates.
<input type="checkbox"/> Other Extenuating Circumstances (i.e. auto accident, court proceedings, family illness)	Submit documentation that verifies how the situation inhibited your ability to attend and participate in class (i.e. court documentation, accident report, doctor's note)
<input type="checkbox"/> Judicial Appeal: You received a Judicial Sanction from the Jackson College Judicial Board.	Submit documentation that CLEARLY supports how you have met the <u>grounds for appeal</u> as outlined in your Jackson College Judicial Board Sanction Letter

Check the box(es) indicating the specific outcome you are expecting	Class/Classes	Year/Semester
Withdraw		
Withdraw with Exception		
Adjusted Bill		
Amended Judicial Sanctions		

Description/Explanation from student:

Please provide a clear explanation and justification for appeal in the space below. Attach additional documentation necessary.

Appeal Terms and Conditions:

- I understand that all communication, including the outcome of the appeal board's decision, will be sent via email to my JC email address.
- I understand that any misrepresentation of the facts can result in formal disciplinary action
- I understand that incomplete appeals will be denied.
- I understand appeals must meet the criteria as described on next page and include supporting documentation.
- I understand appeals may take 10-15 business days for processing.

By signing below I confirm that I have read and understand all of the above guidelines, terms and conditions.

Student Signature: _____ Date: _____

Return the completed form to:
Email: ombudsman@jccmi.edu