



**Concordia Campus**  
P.O. Box 1002  
2221 Campus Drive  
Concordia, KS 66901  
785.243.1435  
Fax: 785.243.1043

**Geary County Campus**  
631 Caroline Avenue  
Junction City, KS 66441  
785.238.8010  
Fax: 785.238.2898

**Online & Outreach**  
1.800.729.5101  
www.cloud.edu

## Petition for Reinstatement at Cloud County Community College Academic Suspension

Name \_\_\_\_\_ ID#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

**Instructions:**  
Prepare your written responses to the following questions.  
If more space is needed, attach paper to the back of this petition.

**Submit your completed petition to:**

Zoe Merz  
zoe.merz@cloud.edu  
785.243.1435, ext. 317  
FAX: 785.243.1839  
PO Box 1002  
Concordia, KS 66901

**1. What is your long-range educational goal? What are your immediate academic goals?**

---

---

---

---

**2. What factors have lead to your situation?**

---

---

---

---

**3. Explain why Academic Suspension at this time should not be the appropriate action to take in your case.**

---

---

---

---

**4. How have your circumstances changed for the better? If reinstated, what action will you take to succeed in making satisfactory academic progress?**

---

---

---

---

---

---

---

---

I understand that by the terms of the academic policies, which require satisfactory academic progress, **Academic Suspension** is the consequence of my previous academic performance.

I understand that the **Academic Probation and Suspension Committee** will use my previous academic record along with my written answers to the previous questions in making their decision. The committee may also request to speak to me before acting on my petition.

I understand I also have the right to speak for myself during the committee meeting. (Check the statement that best applies to you)

Please schedule a time for me to speak with the committee.

I choose not to meet with the committee unless they ask. My written responses adequately represent my situation.

**Student Acknowledgment:** I understand that if the Academic Probation and Suspension Committee grants this appeal, I must agree to be reinstated under the terms of Academic Probation, and to abide by any special conditions the committee may specify to ensure my academic success.

Student's Signature: \_\_\_\_\_ Date \_\_\_\_\_

*For Official use Only*

Date received: \_\_\_\_\_ Committee Decision: \_\_\_\_\_

Notes:

---

---

---