CLOUD COUNTY COMMUNITY COLLEGE

Concordia Campus

P.O. Box 1002 2221 Campus Drive Concordia, KS 66901 785.243.1435 Email - zoe.merz@cloud.edu **Geary County Campus**

631 Caroline Avenue Junction City, KS 66441 785.238.8010 Fax: 785.238.2898 kandrews@cloud.edu Online & Outreach

1.800.729.5101 www.cloud.edu



PETITION FOR SPECIAL CONSIDERATION

under conditions of ACADEMIC PROBATION

Name: Mailing Address:		ID#
		Phone:
	_	
Step 1:	Descri	ibe the nature of your request:
	1. I am	seeking a waiver from attending the SD099 Personal Assessment course;
		I am a non-degree/certificate seeking student taking classes for personal growth.
		I have already successfully completed the Personal Assessment course. Explain the nature of your return to probation and why you feel this course is unnecessary:
	<u> </u>	I will be financially burdened by enrolling in this course. Describe your circumstances and why you deserve a waiver:
	0	I have extenuating circumstances regarding my placement on Probation. Provide in detail your circumstances for placement on probation and how they have changed:
0	2. I an	n seeking other special considerations regarding my placement on probation/suspension:
Exp	plain:	

	Step 2: Provide any additional information to support your request for Special Considerations regarding Academic Probation. SUBMIT this completed petition to the VICE-PRESIDENT FOR ACADEMIC AFFAIRS.
Ste	p 3: Student Acknowledgment
	☐ I understand that by the terms of the academic policies, which require SATISFACTORY ACADEMIC PROGRESS, ACADEMIC SUSPENSION is the consequences of my previous academic performance.
	☐ I understand that the ACADEMIC PROGRESS COMMITTEE will use 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 TO THE COMMITTEE
	I choose NOT to meet with the committee unless they ask. My written responses adequately represent my situation.
	I understand that if the ACADEMIC PROGRESS COMMITTEE grants this appeal, I must agree to 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