



Appeal Form

This form is to be completed by students who are interested in returning to a MCC Gateway to College program who were previously enrolled. We need to know your level of commitment to your education and what will be different if you are allowed to continue in our programs. It is important that you fill out this entire form with as **much detail as possible**.

Each term there is a deadline for turning in appeal forms. It is generally **four weeks prior** to the beginning of the next term. Please check with a Resource Specialist to confirm the exact date.

Once received, this form will be reviewed by Gateway to College Director. You will be contacted and may need to attend a meeting to review your appeal and discuss your options.

Please submit this completed form to your Resource Specialist and they will turn it in to the Director of Gateway to College.

Date: _____				
<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> _____ Date of Birth: _____ MCC ID# _____ </div> <div style="display: flex; justify-content: space-between;"> Last Name First Name Middle Initial </div>				
Address: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Street/P.O. Box City State ZIP </div>				
Home Phone: _____ Cell Phone _____ Other# _____				
Last Term I was enrolled in GtC: ___Fall ___Winter ___Spring Year: _____				
Name of your Resource Specialist: _____				

Mott Community College
1401 East Court Street.
Flint, Michigan, 48503
810.762.5172



1. Why were you dropped or why you withdraw from Gateway to College? (you may use another piece of paper if necessary).

2. Explain how you attempted to resolve the issue with your resource specialist and/or with your instructor/prior to being dropped/withdrawing from the program.

3. Explain what you believe would be different if you were accepted back into the program. Explain what you do differently to demonstrate your commitment to your education and to respect and abide by all MCC policies and GtC Program policies & expectations.

My signature verifies that the information I have provided in the form is true and accurate from my perspective and memory.

Student signature: _____ Date: _____

TO BE COMPLETED BY RESOURCE SPECIALIST:

Resource Specialist Name _____ Date Received _____

Number of HS Credits Needed: _____ Fees to be Paid: _____

Resource Specialist Recommendation (briefly explain if you recommend/do not recommend this student to re-enroll in GtC):