



Appeal Form

This form is to be completed by students who were previously enrolled in Gateway to College and are interested in returning. We need to know your level of commitment to your education and what will be different if you are allowed to come back. 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 your Resource Specialist to confirm the exact date.

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

Please submit this completed form to your Resource Specialist and he/she will turn it in to the Gateway to College Manager.

Date: _____					
Last Name		First Name		Middle Initial	
Date of Birth: _____		G # _____			
MAILING address: _____					
Street/P.O. Box		City		State ZIP	
Cell Phone #:		Other #:		Email address:	
Last Term enrolled: _____ Summer _____ Fall _____ Winter _____ Spring YEAR: _____					
Location where you attended classes: _____					
Name of your Resource Specialist: _____					

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



2. Explain how you attempted to resolve issues 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 PCC policies and PCC Prep 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:

RS Name _____ **Date Received** _____

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

RS's Recommendation *(briefly explain if you recommend/ do not recommend this student to re-enroll in the GTC):*