

Please complete, sign and return this form along with all supporting documentation to the Dean of Students office by one of these methods: by mail, fax or delivering in person to the Dean of Student Services at the campus location attended. Requests to Appeal will not be considered until students complete all items on this checklist.

| SCHOLASTIC APPEAL CHECKLIST | | |
|---|-------------------------|---|
| ALL of the following information must be included for your appeal to be considered: | | |
| <input type="checkbox"/> | Appeal form | <i>Completely fill out the Hinds Community College Letter of Appeal Form.</i> |
| <input type="checkbox"/> | Documentation | <i>Please attach all documentation (letter from doctor, death certificate, etc.)</i> |
| <input type="checkbox"/> | Plan for Success | <i>Please discuss the steps you plan to take in order to succeed in your courses. Also, tell what has changed about your situation which will allow you to succeed.</i> |

I understand that my appeal will not be considered if I do not include all of the necessary information.

Student Signature: _____ Date: _____

| Dean of Student Services | | Location | Fax Number | Mailing Address |
|--------------------------|------------------|--|----------------|--|
| DeAndre House | Dean of Students | Raymond Denton Hall Room 209 | (601) 857-3575 | PO Box 1100 Raymond, MS 39154 |
| Carol McLaurin | Dean of Students | Rankin Administration Room 114 | (601) 936-5543 | 3805 Hwy 80 East Pearl, MS 39208 |
| Sharon Alexander | Dean of Students | Utica Student Center Suite 208 | (601) 885-7005 | 34175 Hwy 18 Utica, MS 39175 |
| Dr. Tim Rush | Dean of Students | Jackson ATC Alexander #202 | (601) 362-2865 | 3925 Sunset Dr. Jackson, MS 39213 |
| Joycelyn Washington | Dean of Students | Nursing/Allied Health Center Anderson Hall | (601) 376-4802 | 1750 Chadwick Dr. Jackson, MS 39204 |
| Raina Deer | Dean of Students | Vicksburg Banks Admin. Bldg. | (601) 629-6807 | 755 Hwy 27 Vicksburg, MS 39180 |

Notice of Non-discrimination Statement:

In compliance with Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. The following have been designated to handle inquiries regarding these policies: **EEOC Compliance:** Sherry Franklin, Vice President for Utica Campus and Administrative Services, Box 1003, Utica, MS 39175; Phone: 601.885.7002 or Email: EEOC@hindsc.edu. **Title IX:** DeAndre House, Associate Vice President Student Services, Title IX Coordinator, Box 1100 Raymond MS 39154; Phone: 601.857.3353 or Email: TitleIX@hindsc.edu.



HINDS COMMUNITY COLLEGE LETTER OF APPEAL - SCHOLASTIC

Name _____ College ID# _____

Mailing Address _____

City, State, and Zip Code _____

Telephone Numbers: Work or Cell (_____) _____ Home (_____) _____
area code area code

CAMPUS LOCATION (Check one)

Raymond Campus

Jackson-Academic/Technical Center

Rankin Campus

Utica Campus

Jackson-Nursing/Allied Health Center

Vicksburg-Warren Campus

MAJOR/PROGRAM OF STUDY
OR COLLEGE MAJOR _____

ANTICIPATED DATE OF
GRADUATION OR TRANSFER _____

**Notes: All fines (library, traffic, etc.) must be paid before Local Appeals Committee will consider your appeal.
Documentation must be provided by the student before any appeal can be processed.**

Release statement: *By signing below, I grant permission to the members of the Appeals Committee to review my College records.*

Signature _____ Date _____

- A Scholastic appeal must be submitted within six months after semester has been completed. **Submit to the Dean of Student Services at the campus location attended.**

Please explain in detail why you are filing this appeal. Please attach all documentation (letter from doctor, death certificate, etc.).

Appeal Denied _____ Date _____

Appeal Approved _____ Date _____

Signed: _____
Dean of Students

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