



Rappahannock Community College Student Admission Appeal Form

Name:

_____	_____	_____	_____
Last Name	First Name	MI	Emplid
_____	_____	_____	_____
Mailing Address	City	State	Zip
() - _____	() - _____	RCC E-Mail @email.vccs.edu	
Day Phone	Evening Phone		

Name of College (if not RCC) _____

Suspended Term _____ Dismissed Term _____
 Semester/Year Semester/Year

Term requesting to be admitted/readmitted _____
 Semester/Year

Explain in detail why you were placed on suspension/dismissal. Provide contributing documentation that supports your explanation.

How do you plan to resolve the problem(s) from the past academic term to ensure your satisfactory performance for the admitted/readmitted term.

Please describe your employment plans while enrolled at RCC (include the number of work hours per week).

Please provide the committee with any additional comments in support of this appeal.

Please attach an unofficial copy of your current college transcript. Your appeal will not be reviewed without the transcript.

Signature _____
Date

For office use only:

Approved Not Approved

Comments: _____