Name: Student ID Number: A

Last name First Name Middle

Phone: ( ) Mt. SAC Email: @student.mtsac.edu

If you receive services through ACCESS (formerly known as DSP&S), would you like your appeal to be reviewed by ACCESS? [ ] Yes [ ] No

**Educational Goal:** **(Check all that apply)**

**Major:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Mt. SAC Degree applicable units \_\_\_\_\_\_\_\_\_\_

[ ] Certificate [ ] Associate [ ] Transfer (If under 100 units, appeal is not necessary at this time)

**Is this your first time appealing?** [ ] Yes [ ] No

**Documents Required (failure to include Student Statement and Educational Plan will result in a denial of your appeal):**

* **Student Statement**:
  + Explain the nature of the unusual or mitigating circumstances and how it contributed to the accumulation of 100+ units. Include details and timelines regarding your circumstances (e.g. why you changed your major, health issues, etc.).
  + Explain in detail why you have not completed a degree or certificate despite accumulating 100+ units.
  + If you have completed a degree or certificate, explain why you will continue to take classes next term.
  + Explain how you decided upon your current major goal and clearly indicate what specific classes you have left and when you plan to finish.
* **Educational Plan: An up to date, comprehensive educational plan developed by a counselor or advisor is required for the appeal evaluation.** **(Note: term appealing for must be on educational plan).**
* **Supporting Documentation:** is strongly recommended and will be used to determine the appeal decision. All supporting documentation must include your name, student ID number, and signature. Please do not attach original documentation because it will not be returned to you. All information is confidential.

**NOTE:** The 100-Unit Appeal is granted on a case-by-case basis. If you have been approved for an appeal in the past, it is not guaranteed your current appeal will be approved automatically. You must be in good academic standing to qualify for an appeal. The Committee may request additional documentation in evaluating an appeal. Incomplete appeals will not be processed and automatically denied.

**Signature:**  **Date:**

**For Office Use only:**

**INCOMPLETE:** Missing documents:

**APPROVED**: \_\_\_\_\_ Comments:

**DENIED**:\_\_\_\_\_ Comments:

**APPEAL NOT NEEDED**:\_\_\_\_\_

**Reviewer Initials**: \_\_\_\_\_\_\_\_

□Cleared in Banner □Comment in SPACMNT