



ACADEMIC IMPROVEMENT MOVEMENT  
*Join the Movement!*



ORANGE COAST COLLEGE  
Appeal for Dismissal

Student ID#: \_\_\_\_\_ Name: \_\_\_\_\_

Semester you would like to enroll in classes:  Fall  Spring  Summer 20\_\_\_\_

Working?  Yes  No Hours per week \_\_\_\_\_ Total Units at OCC

Most Recent Semester GPA \_\_\_\_\_ Cumulative GPA \_\_\_\_\_ Attempted: \_\_\_\_\_

Earned: \_\_\_\_\_

1. Please write a personal statement explaining the reason for your appeal. The statement should be **at least 3 sentences** and include how your circumstances personally affected your academic performance or ability to complete your courses. (If needed, you may attach another page.)

2. Explain what you have done and will do to resolve the issues above. Specifically include any on or off campus resources/services that you have and will continue to utilize in order to improve your circumstances.

| Recommended Courses | Units | Alternative Courses | Units |
|---------------------|-------|---------------------|-------|
| _____               | _____ | _____               | _____ |
| _____               | _____ | _____               | _____ |
| _____               | _____ | _____               | _____ |
| _____               | _____ | _____               | _____ |
| _____               | _____ | _____               | _____ |

Appeal Approved  Semester Units Approved \_\_\_\_\_ Appeal Denied

During the semester indicated above, I agree to dedicate time and effort to improve academically, utilize campus resources and follow up with A.I.M. program staff mid-semester to review my progress.

\_\_\_\_\_  
Student Signature Date Counselor Signature Date