Admissions and Records
Phoenix College
1202 W. Thomas Road
Phoenix, Arizona 85013
Office: 602.285.7777
Fax: 602.285.7813

ACADEMIC PROBATION APPEAL
6 CREDIT HOURS OR MORE

Forms available at **www.pc.maricopa.edu**
Students>Admissions and Records>Forms

SEMESTER OF ENROLLMENT	☐ FALL	☐ SUMMER	☐ SPRING	20_____

College Student ID Number　　　　　　　**Social Security Number**

| 3 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | **OR** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Legal Name (Last, First, Middle)

Mailing Address　　　　　　　　　　　　　　　　**Apt#**

City　　　　　　　　　**State**　　　　　**Zip Code**

Home Phone　　　　　　**Other Phone**　　　　**Ext.**

Upon submission of this application the student will be entered into our "CARE" early alert system.

The CARE (Early Alert) program is designed to promote student success. You will receive an email note and/or telephone call asking you to meet with a counselor so you can work together to create an action plan to address any difficulties you are having or have had in courses (or outside of the classroom). This action plan may involve taking advantage of various campus support services.

Since the CARE (Early Alert) program provides essential notices by Maricopa email, please check your email account frequently and respond quickly if you receive an email message and/or a telephone call.

- You must complete all placement tests before the committee will consider your appeal.
- The student may request to appear before the committee.

The Admissions and Standards Committee will review the information presented on this form with student record information and action taken as a result of the CARE early alert system. Student will then be notified of decision in a timely manner.

Please attach your full and specific responses to the following questions:

1. Explain what has contributed to your low grades?

2. What change has occurred in your circumstances that would enable you to be successful if allowed to attend more than 6 credit hours?

3. If approved, what additional course(s) would you like to take this semester?

4. What was the outcome of your meeting with the CARE program counselor?

_____　_____
Student Signature　　　　　　　　　　　　　　　　　　　　*Date*

CARE submission date _____　　　　　Approved ☐　　Denied ☐
Reason/Notes:_____
_____

Committee Chair Signature_____Date_____