

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 Dean of Student Services or Operating Dean at that campus location. 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/Operating Dean		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
Dr. Tim Rush	Dean of Students	Utica Student Center Suite 208	(601) 885-7196	34175 Hwy 18 Utica, MS 39175
Dr. Leroy Levy	Campus Operating Dean	Jackson ATC Alexander #202	(601) 362-2865	3925 Sunset Dr. Jackson, MS 39213
Dr. Libby Mahaffey	Campus Operating Dean	Nursing AHC Annex Lower-Level	(601) 376-4960	1750 Chadwick Dr. Jackson, MS 39204
Marvin Moak	Campus VP	Vicksburg Banks #5	(601) 629-6862	755 Hwy 27 Vicksburg, MS 39180

Notice of Non-discrimination Statement:

In compliance with the following: 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 person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Tyrone Jackson, Vice President for Utica Campus and Administrative Services and District Dean of Student Services & Title IX Coordinator Box 1003, Utica, MS 39175 Phone: 601.885.7002 or Email: titleIX@hindscc.edu



HINDS COMMUNITY COLLEGE

LETTER OF APPEAL

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 _____ ANTICIPATED DATE OF _____
OR COLLEGE MAJOR _____ 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 _____

Type of Appeal: Scholastic Discipline

- A Scholastic appeal must be submitted within six months after semester has been completed. **Submit: To the Dean of Student Services or Operating Dean at that campus location.**
- A Discipline appeal must be submitted within **three** days after decision, and must be based on reason(s) defined in *Student Handbook*. **Submit: To the District Dean of Student Services, Dr. Tyrone Jackson P.O. Box 1003-HCC, Utica, MS 39175 Phone: 601-885-7002 Fax: 601-885-6026**
See each regulation in current Student Handbook.

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 _____

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