

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.

LETTER OF 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
Dr. Tyrone Jackson	Associate Vice-President / Dean of Students	Raymond Denton Hall Room 221	(601) 857-3575	PO Box 1100 Raymond, MS 39154
Carol McLaurin	Dean of Students	Rankin Administration Building Office 114	(601) 936-5543	3805 Hwy 80 East Pearl, MS 39208
Dr. Tim Rush	Dean of Students	Utica A.A. Building, Office 132	(601) 885-7196	34175 Hwy 18 Utica, MS 39175
Dr. Leroy Levy	Campus Operating Dean	Jackson ATC	(601) 362-2865	3925 Sunset Dr. Jackson, MS 39213
Dr. Libby Mahaffey	Campus Operating Dean	Nursing AHC	(601) 376-4960	1750 Chadwick Dr. Jackson, MS 39204
Marvin Moak	Campus Operating Dean	Vicksburg Banks Building	(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 persons have been designated to handle inquiries regarding the non-discrimination policies:

Dr. Debra Mays-Jackson, Vice President for Administrative Services
34175 Hwy. 18
Utica, MS 39175
601.885.7002

Dr. Tyrone Jackson, Associate Vice President for
Student Services & Title IX Coordinator
Box 1100 Raymond Campus (Denton Hall 221)
Raymond, MS 39154
601.857.3232 titleIX@hindscc.edu



HINDS COMMUNITY COLLEGE

LETTER OF APPEAL

Name _____ SS# or 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 Associate VP for Student Services at the Raymond Campus.**
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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