

Suspension Appeal for Running Start

EDMONDS COLLEGE

Name:

Date:

SID:

Student Phone:

Cumulative GPA:

- **Student fills out the appeal.**
- **Provide completed form to your high school counselor to discuss and have them make recommendations.**
- **Counselor, parent, and student sign. (ELECTRONIC SIGNATURES ACCEPTED).**
- **Email to runningstart@edmonds.edu by 5pm on the first day of the quarter.**

Identify all challenges that have been barriers to your academic success these past two quarters. Check all that apply:

<input type="checkbox"/>	Lack of food	<input type="checkbox"/>	Inadequate safety
<input type="checkbox"/>	Inadequate shelter	<input type="checkbox"/>	I hate school
<input type="checkbox"/>	Lack of access to a computer	<input type="checkbox"/>	Nowhere to study/do homework
<input type="checkbox"/>	Lack of Internet connection	<input type="checkbox"/>	Homework was confusing
<input type="checkbox"/>	Lack of academic support from college/high school	<input type="checkbox"/>	Lack of academic support from family/friends
<input type="checkbox"/>	No one believes in me	<input type="checkbox"/>	I don't care
<input type="checkbox"/>	Low motivation	<input type="checkbox"/>	Poor time management skills
<input type="checkbox"/>	Caring for family member	<input type="checkbox"/>	Undecided about major
<input type="checkbox"/>	Financial challenges	<input type="checkbox"/>	Housing concerns and issues
<input type="checkbox"/>	Lack of or unclear goals	<input type="checkbox"/>	Friends/personal relationships
<input type="checkbox"/>	Social networking (i.e., FB, Twitter, etc.)	<input type="checkbox"/>	Not enough time in the day
<input type="checkbox"/>	Transportation problems	<input type="checkbox"/>	Course load too heavy
<input type="checkbox"/>	Test taking or test anxiety	<input type="checkbox"/>	Medical health issues
<input type="checkbox"/>	Courses too challenging	<input type="checkbox"/>	Work hours (list hours worked per week: _____)
<input type="checkbox"/>	Disability concerns	<input type="checkbox"/>	Family conflict/struggles
<input type="checkbox"/>	Poor study skills	<input type="checkbox"/>	Child care issues
<input type="checkbox"/>	Excessive social life	<input type="checkbox"/>	High school issues
<input type="checkbox"/>	Classroom conflicts/problems	<input type="checkbox"/>	Poor concentration
<input type="checkbox"/>	Cultural awareness/issues	<input type="checkbox"/>	Grief/Loss
<input type="checkbox"/>	Legal/Immigration status issues	<input type="checkbox"/>	English as a second language
<input type="checkbox"/>	Emotions/Moods/Stress	<input type="checkbox"/>	Other: _____

Graduation: List below ALL remaining graduation requirements.

What problems and/or barriers prevented you from succeeding the last two quarters?

What changes have been made improve your success this quarter?

Student Signature

Date

Parent Signature

Date

High School Counselor

Please review the appeal, list remaining high school graduation requirements, check and sign below.

I have read the above appeal and recommend the following:

- Reinstatement.
- Reinstatement with the following conditions:

- Return to the high school.

Comments:

High School Counselor Signature

High School Counselor Printed Name

Date

Deadline: Email to runningstart@edmonds.edu before 5pm on the first day of the quarter.