

Date Received: ____/____/____
Route to: _____

ACADEMIC SUSPENSION REINSTATEMENT APPLICATION

Academic suspension occurs when students fail to maintain an acceptable Grade Point Average (GPA) as stated in Harrisburg Area Community College's (HACC) course catalog or when students receive a W grade in more than 50 percent of their credit hours after having attempted more than 30 credit hours.

Students should complete this application in order to (1) apply for academic reinstatement after sitting out no less than one fall or spring term or (2) appeal their suspension without sitting out the required term if they have official documentation to confirm that extenuating circumstances had a direct effect on their academic performance.

The Reinstatement Committee or Director of Counseling Services will review students' applications and examine any supporting documentation. Based on their professional judgment, they will either approve or deny the students' requests for reinstatement. Students will be notified in writing of the decision.

Application Deadline: The application and supporting documentation must be received at least **TWO WEEKS BEFORE THE REQUESTED TERM BEGINS**. Failure to complete the entire form will result in a delay and may prevent you from being considered for the term requested.

Return the completed Academic Suspension Reinstatement Application and supporting documentation to:

Reinstatement Application c/o Nancy Bobersky
Cooper 217
Harrisburg Area Community College
One HACC Drive
Harrisburg, PA 17110
Phone: (717) 780-2533 Fax: (717) 780-1145
Email: nbobers@hacc.edu

PLEASE NOTE: HACC's Academic Achievement Policy is separate from the Office of Financial Aid Services academic progress requirements. Students should contact the Office of Financial Aid Services at the campus they attended regarding their eligibility for receipt of financial aid.

HARRISBURG	LANCASTER	LEBANON	GETTYSBURG	YORK
1.800.222.4222 x 2330	717.358.2992	717.270.6327	717.337.3855	717.718.0328 x 3517

PLEASE PRINT CLEARLY WHEN COMPLETING THIS FORM.

Student's Name: _____

First
Middle
Last

Other last name(s) used while at HACC: _____

Home Address: _____

Street
City
State
ZIP

Home Phone #: (____) _____ Email address: _____

Major: _____ HACC ID: **H** _____

For which term are you requesting reinstatement? Fall 20____ Spring 20____ Summer 20____

For which campus are you requesting reinstatement?

- Harrisburg
- Lancaster
- Lebanon
- Gettysburg
- York Center

Did you sit out the required suspension period of one fall or spring term?

- YES
- NO → In addition to completing this application, you must show proof of extenuating circumstances (i.e. circumstances beyond your control) in order to be considered for reinstatement. Attach any official documentation to support your application for reinstatement.

If reinstated, for how many classes would you like to register? _____ **PLEASE BE ADVISED:** if reinstated, you will be subject to registration stipulations, including, but not limited to, credit restrictions and course recommendations.

What will be your employment status while you attend HACC?

- Full time
- Part time → Number of hours per week: _____
- Not employed

What other responsibilities will you have while you attend HACC? (e.g. caring for a family member, community involvement, extracurricular responsibilities, etc.)

Please explain why you were not able to complete your courses successfully or maintain an acceptable GPA as stated in HACC's course catalog. Include any extenuating circumstances and your plan for future academic success. (Attach a separate sheet if necessary.)

I HEREBY UNDERSTAND THAT ANY MISREPRESENTATION OF INFORMATION IN THIS APPLICATION MAY RESULT IN DENIAL OF REINSTATEMENT OR DISMISSAL. IF REINSTATED, I UNDERSTAND THAT I WILL BE REQUIRED TO MEET WITH A COUNSELOR TO REVIEW MY ACADEMIC RECORD, DEVELOP AN ACADEMIC PLAN, AND SELECT MY COURSES PRIOR TO REGISTRATION AND WILL MEET WITH HIM/HER REGULARLY THROUGHOUT THE SEMESTER.

Student's Signature

_____/_____/_____
Date