HINDS COMMUNITY COLLEGE
Department of Student Housing, Utica Campus
P.O. Box 1046 34175 Hwy 18W Utica, MS 39175
(p) (601)885-7088 (f) 601.885.7085

HOUSING LETTER OF APPEAL

Student Name: _____ Hinds ID# _____
Mailing Address: _____

City, State, and Zip Code: _____

Telephone Numbers: Work or Cell (_____)_____ Home: (_____)_____

MAJOR/PROGRAM OF STUDY: _____

ANTICIPATED DATE OF GRADUATION OR TRANSFER: _____

Notice: All fines (library, traffic, etc.) must be paid before the Office of Student Housing and Residence Life will consider your appeal. Documentation must be provided by the student before any appeal can be processed.

Please explain in detail why you are filing this appeal. Please attach all supporting documentation, if any, including but not limited to: (letter from doctor, death certificate, etc.).

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Student Signature **Date**

COMMENTS: (Please explain vote or write any stipulations/requirements below.)

FOR OFFICE USE ONLY

Date Appeal Received: _____

Received By: _____

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APPEAL DECISION: (Please check "APPROVED" or "DENIED" below.)

☐ APPROVED ☐ DENIED

COMMENTS: (Please explain vote or write any stipulations/requirements below.)

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Director Signature **Date**

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

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Plan For Success

Please discuss the steps you plan to take in order to succeed in your courses. Also, tell what has changed about you situation which will allow you to succeed.

Name_____ Hinds ID _____ Date_____

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After you have completed this form, please e-mail this form to crystal.henry@hindscc.edu or you may bring it in person to the Dean of Students Office in room 209 J Louis Stokes Student Union .