Wallace State Community College
Health Program Dismissal Due to Background Screening Appeal Process

Decisions on program dismissal due to background screening results are made in compliance with the published background screening policy. Every effort is made to make sure that decisions are fair and based on the information provided in the background report. Students with positive background screening results are advised to first contact the background check vendor to dispute any information reported and to clear any findings of the background check.

If a student has a valid reason to believe that an error has occurred, the student must make an initial contact within seven days of notification of the program dismissal decision. Thereafter, each subsequent appeal, if any, must occur within a seven-calendar day increment, after the respective decision is received by the student. If a student does not meet the deadline for appealing, the right to appeal will be waived.

The student shall begin by stating orally and in writing to the program director that the decision for program dismissal was made in error or is unfair and include the justification for the appeal. If the student and the program director cannot successfully resolve the concern, the student may then contact the Dean of Health Sciences. The student must appeal to the Dean by submitting the appropriate form (available from the program director) stating his/her concern with the dismissal decision and describing the prior discussion with the program director. Copies of documentation supporting the student's claim shall be provided with the form. The Dean will review the student's issue. The Dean shall have the authority to call in the program director or ask for the assistance of other WSCC faculty and staff or seek the opinion of an expert in the area under review.

If the student's concern cannot be successfully resolved at this level, the student shall be given the opportunity to take the appeal to the Dean of Students. Appeal information must be submitted on the proper form (available from the Dean of Health Sciences). Again copies of any documentation supporting the student's claim shall be included. Once the Dean of Students has completed the review of the dismissal decision, a written report describing his or her findings and conclusion will be provided to the student, the Dean of Health Sciences and the Program Director. The decision of the Dean of Students will be final and not subject to further appeal.

Program Dismissal Appeal

_____   _____
Name of Student   Student Number

_____ _____ _____
Program   Program Director   Date Submitted

Section A (To be completed by the Student)

Date on which the notice of dismissal was received by the student

Result of Inquiry to Background Screening Vendor

Concise, clear description of how the program dismissal decision was unfair, inaccurate or both

Attachments

Student Signature

Section B (To be completed by the Program Director)

Date on which the student presented his/her appeal

Description of the results of the student's discussion with Program Director

Attachments from Program Director

Program Director Decision

Program Director Signature

Program Dismissal Appeal

_____   _____
Student Name   Student Number

Section C (To be completed by the Dean of Health Science)

Date on which the appeal was filed with the Dean of Health Science

Findings of the Dean

Attachments

Decision of the Dean

Date of decision and notification of student

Dean Signature

Notice of Appeal

I, _____, wish to appeal the decision of the Dean of Health
Sciences as presented in Sections A, B & C to the Dean of Students.

_____   _____
Student's Signature   Student Numbers

_____
Date

Program Dismissal Appeal

Section D (To be completed by the Dean of Students)

_____   _____
Name of Student   Student Number

Date on which the appeal was filed with the Dean of Students

Findings of the Dean of Students

Attachments

Decision of the Dean of Students

Date of decision and notification of students

_____
Dean of Students Signature