Academic Standards Honors and Selection Committee

SUSPENSION APPEAL

FROM: ____________________________
Last Name, First Name Social Security # Major

SUBJECT: Suspension Appeal Ph.: ________________________

DATE: ____________________________

I hereby request an APPEAL OF MY SUSPENSION to enroll for the Fall/Spring/Summer (circle one) semester of ________ (year). This request is based upon specific facts and circumstances which are outlined in my appeal letter.

In order for an appeal to be considered, all applicants MUST submit a typed appeal letter using a 12-point font in Times New Roman, Courier or similar. The appeal letter should address and answer the following questions:

1) What problems lead to your poor academic performance?
2) What steps have you taken to eliminate these problems?
3) What plans will you put in place to improve your study skills and prevent former problems from occurring again and negatively impacting your academic achievement?

Note: All appeals MUST include the above, supporting documentation.

I understand that if my appeal is accepted and I do not meet the academic performance requirements outlined in my approval letter, I will be dismissed from the College for one year.

Signed ____________________________  Signed ____________________________
Signature of Student Signature of Academic Advisor

Approved: ____________________________  Disapproved: ____________________________

Committee Decision/Comments:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Chairperson  Recording Secretary

Academic Standards Honors and Selection Committee
Revised 12-09-15/mmr