

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 _____
Signature of Student

Signed _____
Signature of Academic Advisor

Approved: _____

Disapproved: _____

Committee Decision/Comments:

Chairperson

Recording Secretary