



Request for Academic Suspension Appeal

Student ID: _____ **Advisor:** _____

First Name: _____ **Last Name:** _____

Email address: _____ **Phone:** _____

College: _____ **Major:** _____

Current Term GPA: _____ **Cumulative GPA:** _____ **GPA in Major:** _____

UNTD GPA: _____ **Total Hours Taken:** _____ **Hours Taken in Major:** _____

No. Prior Times on Probation: _____ **No. Prior Times on Suspension:** _____

You may submit an Academic Appeal for the following extenuating circumstances (check ONE):

- Serious illness or injury that required extended recovery time
- Death or serious illness of an immediate family member
- Significant trauma that impaired your emotional and/or physical health
- Other documented circumstances

You MUST provide the following documentation for your appeal:

- Attach a personal statement (**MUST** be typed)
- Detail what has changed that will allow you to make satisfactory progress by the end of the next semester
- Attach documents that support your request (i.e., statements from physicians, counselors, clergy, medical records, court documents, birth/death certificates, obituaries, etc.)
- Attach a copy of your most recent degree plan worksheet or four-year plan
- Attach a copy of your unofficial transcript

I understand that this academic appeal is not the same as a financial aid appeal and that I must make a separate appeal for financial aid. I understand that if I have not followed the instructions on this form or if I have not attached the proper documentation, my request will not be processed. The statement and documents I have attached are true and accurate to the best of my knowledge.

Student Signature: _____

Date: _____



_____ Approved

_____ Not Approved

Chair, Academic Appeals Committee: _____ Date: _____

Comments: