



# Suspension Appeal Request

<b>Student Name:</b>	<b>CWID:</b>
<b>Contact Email:</b>	<b>Contact Phone Number:</b>
<b>Program of Study:</b>	<b>Request Date:</b>
<b>Semester:</b>	

### To be completed by the student:

Describe the personal circumstances in detail that contributed to your academic deficiencies and explain how they were a factor in your academic performance. **Attach copies of documentation of these circumstances.**

### Academic Exception Agreement

If your suspension is granted, what will be different for you in your approach to your academic studies next semester? Which of the following will you commit to using? Check all that apply:

- Seeking personal counseling at an outside counseling center or assistance from campus counseling
- Utilizing The LASSO (academic coaching, tutoring, writing center, tech essentials)
- Getting help from my instructors outside of class during their office hours
- Meeting with academic advisors
- Other, explain \_\_\_\_\_

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**I have read and understood the following statements. Please initial next to each one.**

\_\_\_\_\_ I am requesting an exception to enroll in the semester listed above.

\_\_\_\_\_ I understand that if this appeal is approved, I will be reinstated on probation and must earn a semester GPA of 2.0 or higher. Once approved, I understand that his appeal paperwork may be shared with the Retention Specialist and my academic advisor.

\_\_\_\_\_ I understand that if this appeal is granted, I will be required to meet with the Retention Specialist to prepare an academic plan for how to manage and succeed in my courses.

\_\_\_\_\_ I understand that if this appeal is denied, I must serve my term of suspension and will not be eligible to re-enroll until the following semester.

\_\_\_\_\_ This appeal does not alter my financial aid status. I must contact the Office of Financial Aid regarding my financial aid eligibility.

To be completed by Academic Advisor and the student	
Academic Plan:	
<b>*Student Signature:</b>	<b>Date:</b>
<b>Academic Advisor Signature:</b>	<b>Date:</b>
<b>School Dean Signature:</b>	<b>Date:</b>

Office of Academic Affairs		
<b>Semester:</b>	<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Denied</b>
<b>Vice Provost Signature:</b>	<b>Date:</b>	

*\*By signing this form, I certify that all information and documentation is authentic, accurate, and considered complete and will be reviewed as such.*