

DICKINSON STATE UNIVERSITY  
ACADEMIC SUSPENSION APPEAL FORM

DIRECTIONS: Student completes PART 1 and obtains the signatures of Advisor and Department Chair in PART 2. Attach an unofficial transcript to this form and deliver it to the Academic Affairs Coordinator in May Hall 101.

**PART I.**

DATE: \_\_\_\_\_

Student's Name:

Mailing Address:

Home Phone Number:

Student's ID #:

Student's Advisor:

**I wish to appeal the Academic Suspension placed on my record at the end of the \_\_\_\_\_ semester.**

REASON FOR SUSPENSION: *(Check one)*

Low GPA:

Received all F grades:

**I wish to appeal for the following reasons:**

SIGNATURE OF STUDENT: \_\_\_\_\_

**PART II.**

- |   |             |                   |                      |                  |
|---|-------------|-------------------|----------------------|------------------|
| 1. _____<br>SIGNATURE, ADVISOR          | I recommend | _____<br>APPROVAL | _____<br>DISAPPROVAL | of this request. |
| 2. _____<br>SIGNATURE, DEPARTMENT CHAIR | I recommend | _____<br>APPROVAL | _____<br>DISAPPROVAL | of this request. |
| 3. _____<br>SIGNATURE, CHAIR SUPERVISOR | I recommend | _____<br>APPROVAL | _____<br>DISAPPROVAL | of this request. |

**PART III.**

**APPEAL APPROVAL CONDITIONS:**

\_\_\_\_\_ Student must schedule and attend weekly academic/tutoring support sessions through the DSU Student Opportunity and Resource (SOAR) Center. **Failure to do so can result in immediate suspension.** SOAR to send monthly summary reports to the student's advisor.

\_\_\_\_\_  
Signature, Vice President or Provost      DATE

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_