

DICKINSON STATE UNIVERSITY
ACADEMIC SUSPENSION APPEAL FORM

DIRECTIONS: Student completes PART 1 and gets the signatures of Advisor and Department Chair in PART 2. Attach an unofficial transcript to this form and bring it to Academic Affairs in 119 May Hall.

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. _____
SIGNATURE, ADVISOR | I recommend | _____ | _____ | of this request. |
| | | APPROVAL | DISAPPROVAL | |
| 2. _____
SIGNATURE, DEPARTMENT CHAIR | I recommend | _____ | _____ | of this request. |
| | | APPROVAL | DISAPPROVAL | |
| 3. _____
SIGNATURE, COLLEGE DEAN | I recommend | _____ | _____ | of this request. |
| | | APPROVAL | DISAPPROVAL | |

PART III.

APPEAL APPROVAL CONDITIONS:

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

Provost/ VPAA

DATE

Other: _____

