

DICKINSON STATE UNIVERSITY
ACADEMIC SUSPENSION APPEAL FORM

DIRECTIONS: Student to complete PART I, attach a copy of her/his transcript, and return to the Office of Academic Affairs - May Hall Room 118 or Fax 701.483.2385 or e-mail to: connie.m.klein@dickinsonstate.edu

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

