

DICKINSON STATE UNIVERSITY  
ACADEMIC SUSPENSION APPEAL FORM

DIRECTIONS: Student completes PART 1 and obtains the signatures of Advisor and School Dean in PART 2. Attach an unofficial transcript to this form and deliver it to the Vice President 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. \_\_\_\_\_ I recommend \_\_\_\_\_ of this request.  
SIGNATURE, ADVISOR APPROVAL DISAPPROVAL

2. \_\_\_\_\_ I recommend \_\_\_\_\_ of this request.  
SIGNATURE, SCHOOL DEAN APPROVAL DISAPPROVAL

**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

\_\_\_\_\_  
DATE

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

Copies: Student, Registrar, Financial Aid, SOAR Center, Advisor, School Dean, Vice President