



STUDENT ACADEMIC APPEALS COMMITTEE
ACADEMIC DISMISSAL APPEAL

Indicate the term in which you wish to enroll: \_\_\_\_\_

Student ID \_\_\_\_\_ Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_
Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Provide the Committee your reason(s) for not completing all classes during your last term of enrollment and/or why you did not earn grades of "C" or better in each class:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Why do you feel the Committee should approve your request for continued enrollment? Any additional information you wish the Committee to review may be attached.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Date \_\_\_\_\_ Student Signature \_\_\_\_\_

Please read and initial the information below before submitting this appeal:

Committee decisions will not be given by telephone. The Committee's decision will be sent to your Pirate Mail address with an official letter mailed to the address you have provided on this form. You are responsible for checking your Pirate Mail for the decision. You should receive your decision within two days of submitting your appeal.

I understand that I must view my Pirate Mail for the Committee's decision. \_\_\_\_\_
Student Initials