



Student Academic Appeals Committee
Academic Dismissal Appeal

Indicate the term in which you wish to enroll: _____

Student ID Number

Student Name (Last, First, MI)

Address

City

State

Zip

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

Four horizontal lines for providing reasons for not completing classes.

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.

Four horizontal lines for providing reasons for approval request.

Student Signature

Date

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 five business days.

I understand that I must view my Pirate Mail for the Committee's decision. _____

Student Initials

Advisor review of your request is required. Please meet with an advisor on any campus or center for this review.

Support request Do not support request

Advisor Signature

Date

Printed Name of Advisor