

Appeal of Academic Disqualification or Probation

To: The Academic Petitions Committee

Date _____

Name _____
Last First

Student ID _____

Address _____
Street

City State Zip

Telephone _____

Major _____

Email: _____

I would like to appeal the following: (check one)

Academic Disqualification after _____
(term/year)

Academic Probation during _____
(term/year)

On a separate sheet(s), please give the details and justification for your request. Your letter should (1) describe the impact of any medical conditions or other extenuating circumstances on your previous unsatisfactory academic performance and (2) describe how your circumstances have changed such that there is a reasonable expectation that you will be academically successful in the future.

Note: All letters must be typed and addressed to the APC. Handwritten letters and letters using containing grammatical, syntactical, spelling and other errors will not be accepted.

Signature of Student: _____

Recommendation of Faculty/Advisor in which petitioner's major falls **(REQUIRED)**

Support Don't support Comments: _____

Faculty/Advisor Signature: _____ Date Signed: _____

Printed Faculty/Advisor name: _____

Academic Petitions Committee Action: Approved Denied

Date: _____

Comments: _____