

## 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: \_\_\_\_\_