DICKINSON STATE UNIVERSITY

ACADEMIC SUSPENSION APPEAL FORM

DIRECTIONS: Student will complete PART I, attach a copy of his/her transcript, and return to Vice President for Academic Affairs Office - May Hall Room 118 or Fax 701.483.2385 or e-mail to: naomi.billington@dickinsonstate.edu

PART I.

DATE

Student's Name Mailing Address

Home Phone Number Student's ID #:

Student's Advisor

With this form, I wish to appeal the Academic Suspension placed on my record at the end of the
(semester) Term, 20

REASON FOR SUSPENSION: (*Check one*)

1.) Low GPA
2.) 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, DEPARTMENT CHAIR APPROVAL DISAPPROVAL

3. _____ I recommend _____ _____ of this request.
SIGNATURE, COLLEGE DEAN APPROVAL DISAPPROVAL

PART III.

Comments:

_____
VICE PRESIDENT FOR ACADEMIC AFFAIRS

DATE:

Copies: Student, Registrar, Advisor, Student Development, Financial Aid, EES