

DICKINSON STATE UNIVERSITY  
ACADEMIC SUSPENSION APPEAL FORM

DIRECTIONS: Student completes PART 1 and gets the signatures of Advisor and Department Chair in PART 2. Attach an unofficial transcript to this form and bring it to Academic Affairs in 119 May Hall.

**PART I.**

DATE: \_\_\_\_\_

Student's Name:

Mailing Address:

Home Phone Number:

Student's ID #:

Student's Advisor:

**I wish to appeal the Academic Suspension placed on my record at the end of the \_\_\_\_\_ semester.**

REASON FOR SUSPENSION: *(Check one)*

Low GPA:

Received all F grades:

**I wish to appeal for the following reasons:**

SIGNATURE OF STUDENT: \_\_\_\_\_

**PART II.**

- |   |             |                   |                      |                  |
|---|-------------|-------------------|----------------------|------------------|
| 1. _____<br>SIGNATURE, ADVISOR          | I recommend | _____<br>APPROVAL | _____<br>DISAPPROVAL | of this request. |
| 2. _____<br>SIGNATURE, DEPARTMENT CHAIR | I recommend | _____<br>APPROVAL | _____<br>DISAPPROVAL | of this request. |
| 3. _____<br>SIGNATURE, COLLEGE DEAN     | I recommend | _____<br>APPROVAL | _____<br>DISAPPROVAL | of this request. |

**PART III.**

**APPEAL APPROVAL CONDITIONS:**

\_\_\_\_\_ Student must schedule and attend weekly academic/tutoring support sessions through the DSU Academic Success Center (ASC). **Failure to do so can result in immediate suspension.** ASC to send monthly summary reports to the student's advisor.

\_\_\_\_\_  
Provost/ VPAA

\_\_\_\_\_  
DATE

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_