

Office of Graduate Studies

APPEAL FOR READMISSION AFTER SUSPENSION

FOR \_\_\_\_\_  
Semester Year

Name: \_\_\_\_\_  
Last First M.I. W number

Address: \_\_\_\_\_ College: \_\_\_\_\_  
Degree: \_\_\_\_\_  
City State Zip Major: \_\_\_\_\_

Obtain the following information from the most recent grade report or from the transcript.

	GPA	Hours Attempted	Hours Earned	Quality Points
Last semester totals:	_____	_____	_____	_____
Overall totals:	_____	_____	_____	_____
Number of dismissals at graduate level:	_____			
Have you filed a previous appeal?	Yes _____	No _____		

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INSTRUCTIONS

APPLICATION MUST BE APPROVED NO LESS THAN THIRTY DAYS PRIOR TO BEGINNING OF SEMESTER.

Since you failed to meet the scholastic requirements set forth in the catalogue, you are not eligible for readmission until the time limitations have been met and an appeal approved.

First dismissal: must remain out one semester, appeal, and be approved.

Second dismissal: must remain out one calendar year, appeal, and be approved.

If you wish to appeal for readmission to graduate studies:

- 1) Complete this form
- 2) Attach a short narrative, listing circumstances that prevented you from being academically successful. Document if necessary. Outline plans for successful academic work.
- 3) Submit form and narrative to your Graduate Coordinator

TO BE COMPLETED BY GRADUATE COORDINATOR OR DEPARTMENT HEAD

Name: \_\_\_\_\_ W# \_\_\_\_\_

College: \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Recommend readmission? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Justification for recommendation:

- First dismissal
- Student has corrected problem(s) resulting in dismissal
- Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Semester recommended for readmission: \_\_\_\_\_  
Semester Year

5. Readmission recommendation

\_\_\_\_\_  
Graduate Coordinator Date

\_\_\_\_\_  
Department Head Date

\_\_\_\_\_  
Academic Dean Date