



one):

\_\_\_ First Suspension / \_\_\_ Second Suspension (*specify*) \_\_\_\_\_ / \_\_\_ N/A

**SECTION III: Explain below the reason(s) for your appeal/petition.**

Please state all extenuating circumstances. Attach all appropriate supporting statements (such as reports from medical doctors) for verification of circumstances. Additional sheets may be attached.

If you are under **Academic Suspension**, and if readmitted, state your plans to meet the University retention standards and to improve your academic record. Additional sheets may be attached. (*Note: If you fail to maintain a minimum cumulative average of 3.0 during any semester after readmission, you will be dropped permanently from the Graduate School--refer to the Graduate Catalog for details*).

If requesting **Time Extension for Completing Degree Requirements**, explain how you plan to revalidate expired courses. Seek advice from your academic advisor. Specify how you will re-validate out-of-date courses (*Attach a plan for revalidating our-of-date courses. Discuss revalidation plan with your academic advisor prior to completing this section. Refer to the Graduate Catalog for course revalidation mechanisms*). Additional sheets may be attached.



**College Dean's Recommendation (check below):**

I approve student's appeal       I do not approve student's appeal

Comments:

Name of College Dean: \_\_\_\_\_

Signature of Dean: \_\_\_\_\_ Date: \_\_\_\_\_

**Graduate Council Appeals Committee Recommendation (check below):**

I approve student's appeal       I do not approve student's appeal

Name of Appeal/Petition Committee Chair: \_\_\_\_\_

Signature of Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

**Graduate Dean's Decision (check below):**

I approve student's appeal       I do not approve student's appeal

Comments:

Name of Graduate Dean \_\_\_\_\_

Signature of Graduate Dean: \_\_\_\_\_ Date: \_\_\_\_\_