

## APPEAL OF Academic Dismissal

Appeal must be submitted within 10 calendar days of dismissal

							,
Date:							
Month	Day	Year					
Dismissal Year:			Quarter:	Summer	☐ Fall	$\square$ Winter	□ Spring
		_					_ 5,55
Student Name: _							
	Last			F	rst		M.I.
Student ID#:			Email: _				
Address:	Chunch		Apt.#		:L.,	Ctata	7::-
	Street		Арт.#	C	ity	State	Zip
Phone number (a	laytime	):					
Name of Comple	tion Co	ach or Coun	selor:				
				Last			First
prohibited you f  2. Include with you are described in y healthcare provide etc. Personal issextenuating and  3. Mail information N. 20th Ave., MS-4. Your information Your reque More inform Your reque you will be	dar days Retentic rom beir ir letter, your lette der or he ues such I probab in to Lane H8, Paso in will be st for an dismisse	of your dismisma & Completion of a Completion of a Completion of a Completion of a Completion of the c	sal, complete this in the letter, clear y successful since ation or evidence in medical or health tion; legal probler dules, childcare pult in approval of Dean for Student 3379.  one of the following the information of the Schumac in the schumac	the time you we to support the extremely describe the extremely of the time you we to support the extremely experienced circums ans require informal an appeal.  Retention & Conneg actions taken nyou submitted her by calling (5 tatement you myithout the right	it it with a le straordinary of ere placed on straordinary of tances require nation from an e not general enpletion, Colu- column does not just 09) 542-459 ust receive no	r extenuating circular subject to dismore extenuating circular some document attorney or from ally considered exumbia Basin Collectify an appeal.	umstances that issal" status. cumstances that tation from a court personnel; xtraordinary or
Year:		Quarter:	Summer	☐ Fall	Winter	Spring	
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Student Signature: _							D-+-
							Date
Reviewers' Signature	es:						
		Office Use Or	alv				
		Date appeal re					
			month	day	y€	ear	