



APPEAL FOR ACADEMIC SUSPENSION/DISMISSAL

Name: _____ ID: _____

Address: _____ City _____ ST _____ ZIP _____

Phone Number: _____

- I am applying for re-instatement for the following term:
- Fall
 - Spring
 - Summer

Instructions:

Students placed on Academic Suspension/Dismissal from the University for failure to meet academic progress may appeal this action by preparing a typed, well-written narrative explaining their circumstances and detailing the specific actions they will take to improve their academic performance as well as including any supporting documentation. Submit the information to the Student Business Center. If you have questions, call (740) 351-3181.

Attach your narrative with justification and documentation (*if any*) to this cover sheet. Check each of the following documents that are included with your appeal.

- Student Letter explaining desired outcome (*required*)**
- Documentation of circumstance (*if any*) – *check all that apply***
 - Medical Records/Report(*must include specific treatment dates*)
 - Police Records(*must include date of incident*)
 - Military Orders(*including date of deployment*)
 - Obituary or Funeral Program
 - Support Letter
 - Other(*please explain*) _____

Signature

Date

Mail to: Office of the Registrar Shawnee State University 940 Second Street Portsmouth OH 45662

FAX to: (740) 351-3593