



# Appeal of Suspension

---

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Student ID # \_\_\_\_\_  
Email: \_\_\_\_\_  
Date: \_\_\_\_\_

In compliance with Board of Regents Policy 301.9, the University of Montana requires a semester of non-attendance following an Academic Suspension. Students may appeal a Suspension in cases where there are compelling and documented circumstances. Complete the questions below to the best of your ability. Attach additional pages as necessary.

1. How have you demonstrated your ability to be successful at UM? List, with most recent semester first, the number of credits attempted and completed each semester, along with the earned GPA. Place an asterisk next to any semester above 2.00.

Term	Credits Attempted	Credits Completed	Term GPA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. What were the specific issues that impacted your ability to be successful last semester? Any relevant documentation should be attached. If it is of a sensitive or confidential nature, please enclose documentation in a sealed envelope with your name, 790# and "Confidential" marked clearly on it.
3. Please describe and/or document how those issues have been resolved.
4. What is your two-semester plan for returning to Good Academic Standing? Include a list of planned courses and any campus resources you intend to utilize.

\_\_\_\_\_  
Signature of Academic Advisor

\_\_\_\_\_  
Date

