Appeal of Suspension

Student Name: ___________________________  Student ID # __________________

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.

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. Indicate how many credits were taken CR/NCR, Repeated, or otherwise not included in the calculation of the grade point average. Place an asterisk next to any semester above 2.00 with all courses taken for traditional letter grades.

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<tr>
<th>Term</th>
<th>Credits Attempted</th>
<th>Credits Completed</th>
<th>Term GPA</th>
<th>Credits not in the GPA</th>
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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 Student                        Date

_________________________________________  ___________________________
Signature of Advisor                        Date

_________________________________________  ___________________________
Signature of Dean/Associate Dean (or designee)  Date

*Completed forms should be submitted to the Office of the Registrar: registration@umontana.edu.*
FOR OFFICE USE ONLY:

Date received: ____________________  Semester Under Review: ______________

Date processed: ____________________  Prior approved appeal: Y / N

Reviewer initials: ____________________

☐ Approve  ☐ Deny  ☐ Revise & Resubmit

Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________