

Appeal of Suspension

Student Name:				Student ID #			
non-at	tendanc are comp	_	ic Suspension	. Students	may appeal a Su	requires a semester of Ispension in cases where s below to the best of you	
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.						
Term		Credits Attempted	Credits Cor	mpleted	Term GPA	Credits not in the GPA	
							
2.	relevar	e documentation in a s	ld be attache	d. If it is of	a sensitive or co	iful last semester? Any onfidential nature, please nd "Confidential" marked	
3.	Please	describe and/or docun	nent how tho	se issues ha	ave been resolve	ed.	
4.		s your two-semester pl d courses and any cam		-		ding? Include a list of	
Signatu	ure of St	udent	<u></u>	Date			
Signature of Advisor				Date			
 Signatu	ure of De	ean/Associate Dean (or	designee)	Date			



FOR OFFICE USE ONLY	:					
Date received:		Semester Under Review:				
Date processed:		Prior approved appeal: Y / N				
Reviewer initials:						
Approve	☐ Deny	☐ Revise & Resubmit				
Comments:						