

West Texas A&M University Academic Suspension Appeal Form

To be completed by the student and submitted to the Office of the Registrar

Name: _____

Buff #: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Current Phone Number: _____

Email: _____

Major: _____

Name of Academic Advisor: _____

Advisor's Department: _____

Check One: First Suspension Second Suspension Dismissal

Please answer the following questions.

1) In the past year, how often have you met with your Academic Advisor?

Never 1-2 times 3-5 times 6 or more times

Did you work with someone in: Advising Services Academic Dept.

Athletic Academic Support Retention Coach

Other _____

2) Place an "X" by the campus services that you have used in the past year. You MUST provide supporting documentation from that service to the committee:

Math Lab Disability Support Services Writing Center

Counseling Services Career Services Educational Services (labs or tutors)

3) If an appeal is granted:

how many total credit hours do you plan to take in the upcoming semester? _____

how many of those total hours do you plan to take online? _____

4) If an appeal is granted, do you plan to work while attending college? _____

If you do plan to work, how many hours per week? _____

5) What was your extenuating or extraordinary circumstance? You MUST provide documentation.

_____ Death of immediate relative

_____ Serious illness of relative

_____ Serious illness of yourself

_____ Serious accident of yourself

_____ Recent diagnosis of disability

_____ Personal or family crisis

_____ Other _____

Please answer the following questions in complete sentences. Please type the answers or print very clearly. Attach your answers to the appeal form. You MUST attach all supporting documentation.

1). Discuss the extenuating or extraordinary circumstances listed above that contributed to your lack of academic success? Explain how the circumstances affected your academic performance. Please note: *It has taken a minimum of 2 semesters to reach suspension status so provide explanation for the entire time period.*

2). Explain how the circumstances have been resolved that will allow you to perform at a satisfactory academic level. Be sure to emphasize that enough time has elapsed to resolve the issues.

3). What strategies and resources do you plan to use that will help you be academically successful?

4). Why should the Committee grant your appeal and allow you to return to WTAMU the following semester?

5). What additional information do you want the Committee to consider in the review of the appeal?

6). Provide the Committee appropriate documentation about your circumstances (i.e. medical documentation, obituary, doctor note) and supporting documentation from campus resources you have utilized.

Return this form, your responses to the questions, and any documentation to: Office of the Registrar
WTAMU Box 60877
Canyon, TX 79016-0001
Fax 806-651-4949

If you prefer to submit an electronic copy, you may email it to the Registrar at dbrice@wtamu.edu

You MUST submit ALL necessary documentation by the deadline. Appeals will not be reviewed if submitted after the deadline.

Please read and initial the following four statements and sign below:

- _____ 1). I consider this form, and the attached typed appeal letter and documentation, as my formal appeal of Academic Suspension.
- _____ 2). I certify that the documentation that I have submitted in support of my formal appeal is original, true, and correct to the best of my knowledge.
- _____ 3). I give permission to the Appeal of Academic Suspension Committee to contact my former faculty and other university personnel who have worked with me as well as anyone providing copies of paperwork/documentation for the appeal if necessary.
- _____ 4). I understand it is my responsibility to obtain any necessary medical, disability services, or other documentation. I also understand that if not attached, the committee may not consider my request.

Signature of Student

Date

For Official Use Only

Date received by the Registrar: _____

Documentation Included? Yes _____ No _____

Date of Appeal Hearing: _____

Appeal: Granted _____ Rejected _____