

Appeal of Academic Disqualification or Probation

To: The Academic Petitions Committee

Date _____

Name _____
Last First

Student ID _____

Address _____
Street
City State Zip

Telephone _____

Major _____

Email: _____

I would like to appeal the following: (check one)

Academic Disqualification after _____
(term/year)

Academic Probation during _____
(term/year)

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