

Suspension Appeal

1st. Suspension: No later than Monday the week before classes begin

2nd Suspension: Fall Semester - 1st Monday in August

Spring Semester - 1st Monday in January

Submit to Records Office

Name: _____ Student ID# _____

Address: _____

Telephone # _____ Cell # _____

Email address: _____

Major: _____

Campus Attending: _____

Semester you are requesting suspension appeal: Fall or Spring or Summer Year: _____
(please circle)

Please attach an explanation of the extenuating circumstances you feel contributed to your academic difficulties during the semester.

I understand if my appeal is granted, I will be reinstated for one semester on a probationary basis and must meet a semester grade point average of 2.0 or above for continued enrollment at Crowder College.

Student Signature _____ Date _____

To be completed by Records Office:

Advisor assigned: _____ Location: _____

Appointment Date: _____ Office Location: _____

Email: _____ Phone #: _____

You will meet with your assigned advisor to complete the following: (advisor, please check and initial that these have been completed)

- | | |
|---|--|
| <input type="checkbox"/> Current admissions application | <input type="checkbox"/> Grade Point Average |
| <input type="checkbox"/> Records Holds ? transcripts? | <input type="checkbox"/> Degree plan created |
| <input type="checkbox"/> Financial Aid in Order/Suspension status | <input type="checkbox"/> Tutoring Services |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Grades |
| <input type="checkbox"/> Career Services | <input type="checkbox"/> Withdrawing |
| <input type="checkbox"/> Any other requirements: | |

Advisor's Comments _____

Advisor's Signature _____ Date _____

Student's Signature _____ Date _____