

Academic Reinstatement Appeal

PLEASE PRINT OR TYPE

Date _____

Legal Name _____ NU ID _____
Last First MI

Local Address _____ Phone No. _____
Street City State ZIP Code

College _____ Major _____

Cum. Ahrs _____ Sem. Qhrs Av. _____ Sem. GPA _____ Cum. Qhrs Av. _____ Cum. GPA _____

I wish to appeal my academic dismissal on the following grounds:

Student's Signature _____ Date _____

*****RETURN THIS FORM TO YOUR COLLEGE DEAN'S OFFICE*****

Dean's/Adviser's comment:

Approved _____ Not Approved _____ College Representative _____ Date _____

Approved _____ Not Approved _____ Appeals Committee Chair _____ Date _____

[After Committee action, copies to: Registrations/Records, College Dean's office, and College advising file.]