

## **Academic Standing Petition and Appeal Form**

Campus Dean 254-526-1116

Student: Complete this form and answer the questions to the best of your ability. Please attach any supporting documentation. Once complete make an appt with the Campus Dean's office and bring a copy of your transcripts and degree plan. Name: \_\_\_\_\_\_ Student ID: \_\_\_\_\_ Re-entry after Dismissal Semester dismissed: Petition for: Appeal Suspension Appeal Reason: Medical Personal Other\_\_\_\_\_ 1. Please describe the extenuating circumstance(s) that impacted your academic performance. 2. Explain how the circumstances were remediated or how you are better prepared to be successful. \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* For Campus Dean Office DENIED \_\_\_ APPROVED Appeal is **COMMENTS:**