



### ACADEMIC SUSPENSION APPEALS

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

**Please Print or Type**

Classification: \_\_\_\_\_ Cumulative Hours: \_\_\_\_\_ Current Semester: \_\_\_\_\_

Telephone: \_(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
**Home Cell Other**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit your letter of appeal; Supporting Documentation and your signed Academic Suspension Appeals form to the Registrar's Office  
Attention Retention Committee, P.O. Box 728 Langston, Oklahoma 73050**

#### Action of the Admissions and Retention Appeals Subcommittee

\_\_\_\_\_ Readmission Granted \_\_\_\_\_ Readmission Denied

#### Basis for action and/or conditions from the Committee

- No previous appeals
- 1st suspension
- Extenuating Circumstances
- Documentation of Support Services

How may previous appeals \_\_\_\_\_  
How many times on probation \_\_\_\_\_  
How many times on Suspension \_\_\_\_\_  
Other \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Members Present:

Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Signature: \_\_\_\_\_

#### Chairperson/Administrative Approval Retention Appeals Subcommittee:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_