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  How many previous appeals___________
☐ 1st suspension  How many times on probation___________
☐ Extenuating Circumstances  How many times on Suspension___________
☐ Documentation of Support Services  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: ________________________