

First Semester/Zero GPA Suspension Appeal Request

Student Information

Student ID: _____ Name: _____

Address (Street, City, State & Zip): _____

Email Address: _____ Phone Number: _____

Term: _____ Academic Advisor's Name: _____

- 1) Personal Explanation (required)** – Detail your extenuating circumstance(s) and related academic challenges below.
If more space is needed, attach a separate document.

- 2) Improvement Plan (required)** – Detail your plan for improving your future academic performance below.
If more space is needed, attach a separate document.

- 3) Supporting Documentation (required)** – Attach documentation that supports your extenuating circumstance(s).

I understand that supporting documentation must be provided. (Ex: health provider note(s), supporting email(s), etc.)

*Signature (required): _____ Date: _____

**I request an appeal of the Appalachian State University Probation/Suspension Policy outlined in the [Undergraduate Bulletin](#) based on the above reason(s) and attached supporting documentation. I understand that petitions must include a plan for improvement and supporting documentation in order to be considered.*

Please return completed and signed form and supporting documents to:
Appalachian State University, Office of the Registrar
Email: registrar@appstate.edu