

Appalachian State University

Office of the Registrar

**First Semester/Zero GPA Suspension Appeal Request**

Student ID:

Today's Date:

First Name:  Middle Name:  Last Name:

Address  E-mail Address

City  State  Zip Code  Phone Number

Term:  Academic Advisor's Name:

The probation and suspension rules are outlined in the Undergraduate Bulletin at: <https://registrar.appstate.edu/resources/course-catalogs/undergraduate-bulletin>

I request an appeal of the Appalachian State University Probation/Suspension Policy based on the following reason(s). I have attached supporting documentation to this request and included my plan for improving my academic performance. I understand that petitions must include supporting documentation and a plan for improvement in order to be considered.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return completed and signed form and supporting documents to:  
Appalachian State University, Office of the Registrar  
Fax: 828-262-3136  
email: registrar@appstate.edu