

Petition of Appeal Academic Suspension

This form must be completed by the student and submitted to the Office of the Registrar by the appeal deadline date.

Today's date: _____

Student Name: _____

Student ID #: _____

Address: _____

Home Phone Number _____ Work Phone Number _____
(The address/phone number listed above will be used to notify you of the appeal decision.)

Semester/Year of Suspension _____

Indicate your reasons for academic difficulty:

Provide a detailed plan how you plan to obtain satisfactory academic progress:

If your appeal is approved, you will be allowed to register and attend classes, but you will remain on academic probation. If your appeal is denied, you will not be allowed to enroll at Gaston College for one semester.

Student signature: _____ Date: _____

Do not write in this space- For Gaston College processing purposes:

Appeal Decision: _____ **Date:** _____

Dean/VP's signatures: _____

Previous Appeal, if any: _____