West Texas A&M University
Academic Suspension Appeal Form

To be completed by the student and submitted to the Office of the Registrar

Name: ______________________________________________

Buff #: _______________________________________

Current Address: ______________________________________

City: ____________________ State: ___________________ Zip Code: ___________

Current Phone Number: __________________________________

Email: __________________________

Major: ___________________________

Name of Academic Advisor: ___________________________________

Advisor’s Department: ______________________________________________

Check One:      _____ First Suspension  _____ Second Suspension  _____ Dismissal

Please answer the following questions.

1) In the past year, how often have you met with your Academic Advisor?

   _____ Never     _____ 1-2 times     _____ 3-5 times     _____ 6 or more times

   Did you work with someone in:     _____ Advising Services     _____ Academic Dept.

   _____ Athletic Academic Support     _____ Retention Coach

   _____ Other ______________________

2) Place an "X" by the campus services that you have used in the past year. You MUST provide
   supporting documentation from that service to the committee:

   _____ Math Lab       _____ Disability Support Services       _____ Writing Center

   _____ Counseling Services       _____ Career Services       _____ Educational Services (labs or tutors)

3) If an appeal is granted:

   how many total credit hours do you plan to take in the upcoming semester? _______

   how many of those total hours do you plan to take online? ______

4) If an appeal is granted, do you plan to work while attending college? ________________

   If you do plan to work, how many hours per week? ________________
5) What was your extenuating or extraordinary circumstance? You MUST provide documentation.

_____ Death of immediate relative  _____ Serious illness of relative
_____ Serious illness of yourself  _____ Serious accident of yourself
_____ Recent diagnosis of disability  _____ Personal or family crisis
_____ Other ______________________________________________________

Please answer the following questions in complete sentences. Please type the answers or print very clearly. Attach your answers to the appeal form. You MUST attach all supporting documentation.

1). Discuss the extenuating or extraordinary circumstances listed above that contributed to your lack of academic success? Explain how the circumstances affected your academic performance. Please note: It has taken a minimum of 2 semesters to reach suspension status so provide explanation for the entire time period.

2). Explain how the circumstances have been resolved that will allow you to perform at a satisfactory academic level. Be sure to emphasize that enough time has elapsed to resolve the issues.

3). What strategies and resources do you plan to use that will help you be academically successful?

4). Why should the Committee grant your appeal and allow you to return to WTAMU the following semester?

5). What additional information do you want the Committee to consider in the review of the appeal?

6). Provide the Committee appropriate documentation about your circumstances (i.e. medical documentation, obituary, doctor note) and supporting documentation from campus resources you have utilized.

Return this form, your responses to the questions, and any documentation to: Office of the Registrar
WTAMU Box 60877
Canyon, TX 79016-0001
Fax 806-651-4949

If you prefer to submit an electronic copy, you may email it to the Registrar at dbrice@wtamu.edu

You MUST submit ALL necessary documentation by the deadline. Appeals will not be reviewed if submitted after the deadline.
Please read and initial the following four statements and sign below:

1). I consider this form, and the attached typed appeal letter and documentation, as my formal appeal of Academic Suspension.

2). I certify that the documentation that I have submitted in support of my formal appeal is original, true, and correct to the best of my knowledge.

3). I give permission to the Appeal of Academic Suspension Committee to contact my former faculty and other university personnel who have worked with me as well as anyone providing copies of paperwork/documentation for the appeal if necessary.

4). I understand it is my responsibility to obtain any necessary medical, disability services, or other documentation. I also understand that if not attached, the committee may not consider my request.

__________________________    ___________
Signature of Student      Date

For Official Use Only

Date received by the Registrar:_______    _______    _______

Documentation Included? Yes    No_____

Date of Appeal Hearing:_______    _______    _______

Appeal: Granted    Rejected