Date:

PETITION FOR AN APPEAL OF ACADEMIC STATUS EAST TENNESSEE STATE UNIVERSITY

Appeal for Re-Admission following Academic Suspension - where extenuating circumstances are established as primary factors relating to low grades, a student may petition to waive the period of suspension. This petition must describe the verifiable extenuating circumstances which may include: illness as evidenced by medical documentation; personal problems, such as divorce or serious domestic problems; accidental injury; or other circumstances beyond the student's control.

circumstances beyond the student's control. Upon receipt of the written petition and any supporting documents, a preliminary decision will be made whether there are satisfactory extenuating circumstances to warrant a formal appeal hearing. If granted, the student will be notified of the time and place of the appeal hearing. Student's Complete Name _____ Student ID # _____ Major ______Are you presently listed in this major with the Registrar's Office? Home Phone Number _____ Work Phone Number _____ Term Appealing for Reentry: ______ Have you ever filed an appeal for academic suspension before? _____ yes _____ no If you were not enrolled the previous semester, have you applied for readmission with the Office of Admissions? _____ yes ____ no Have you attended any other higher education institution since your last term at ETSU? _____ yes _____ no A copy of transcripts for all transfer work subsequent to suspension from ETSU must be provided before the petition will be reviewed. Student's explanation of extenuating circumstances (be specific): (Please use other side if necessary) Student's Signature PLEASE RETURN PETITION TO: Student Life and Enrollment Office, Burgin Dossett Hall, Suite 302/303 OR MAIL TO: East Tennessee State University, Student Life and Enrollment, PO BOX 70725, Johnson City, TN 37614-1710 FOR STUDENT AFFAIRS OFFICE USE ONLY: Academic Transcript Included: Yes _____ No Additional Documentation Included: Yes_____ Comments:_____ Petition for Appeal: Accepted _____ Declined_____ Signature of Reviewing Person ______ Date Reviewed _____