

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.

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: Dean of Students Office, 391 D.P. Culp Student Center
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 _____ No _____

Comments: _____

Petition for Appeal: Accepted _____ Declined _____

Signature of Reviewing Person _____ Date Reviewed _____