## ACADEMIC SUCCESS CENTER The UNIVERSITY of OKLAHOMA

Wagner Hall, Room 180 1005 Asp Avenue Norman, OK 73019-3118 Telephone: 325-2072 FAX: 325-5087

## Request to APPEAL a UNIVERSITY SUSPENSION

| Please print clearly.   |                            |  |   |   |  |
|---|----------------------------|--|---|---|--|
| Full Name:  |                            | Sooner ID#:  |   |   |  |
| Address:  | Major:_                    |  |   |   |  |
|   |                            | Classificatio  | Classification:   |   |  |
| Phone #:  |                            | e-mail:  |   |   |  |
| May we contact you by e-mail about your petition?   |                            |  |   |   |  |
| Provide a brief justification for request:  |                            |  |   |   |  |
| Please note: Academic suspension appeal proced personal circumstances that contributed to his/he. Appeals regarding academic suspension must be decision before the end of the enrollment period. will not be considered.  Student's Signature:  Return this form and supporting documentation to the enrollment period to the enrollment period. | r academic de completed pr | eficiencies. Sucleior to the first da proper documen | h circumstances mus<br>ay of class in order to<br>atation, academic su<br>Date: | t be <u>highly unusua</u><br>provide a timely<br>spension appeals |  |
| FOR OFFICE USE ONLY   | Action b                   | v the Dean•  | Approved _  | Denied  |  |
| I OI OI I OI   | 11000 D                    |  |   | Duitu   |  |
| College Dean Signature:   |                            |  | Date:   |   |  |
| Comments:   |                            |  |   | <del></del>   |  |