



NORTH DAKOTA STATE COLLEGE OF SCIENCE APPEAL FOR ACADEMIC REINSTATEMENT

Return this Form to: **Registrar, NDSCS, 800 N Sixth St, Wahpeton, ND 58076** or email to **NDSCS.StudentRecords@ndscs.edu**.

Name: _____

Mailing Address: _____

Email Address _____

NAID #: _____ Phone # _____

Academic Program: _____

In choosing to appeal your academic suspension, you have indicated your desire to continue your education at NDSCS. Therefore, it is your responsibility to read the following information and mark it accordingly. Once you have completed this front page, turn over to the back and complete that as well. When finished, return this form to the address listed above and the Academic Review team will review your status and contact you with the decision of your appeal.

- ☐ I have reviewed and understand the Academic Policy for probation, suspension, and re-admission status found in the College Catalog.
- ☐ I understand that I must have a cumulative grade point average of 2.00 to graduate from NDSCS.
- ☐ I understand that because of my academic status I may not be eligible for financial aid.
- ☐ I have completed the back side of this form.

Signature Date

ACTION TAKEN BY ACADEMIC REVIEW TEAM (For Office Use Only):

APPROVED _____ **DENIED** _____ **LETTER SENT** _____

COMMENTS: _____

Signature: _____ Date _____

In the space below explain the circumstances that prevented you from making satisfactory progress. Appeals upon medical, emotional or legal reasons require supporting documentation from a doctor, counselor, lawyer, etc. You should specify the term(s) in which the difficulties arose and how your academic performance was affected.

Fully detail the steps you will take to improve your future academic status should you be reinstated. If additional space is needed, please attach a separate sheet of paper.