



Section 1: Student Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The next term I wish to enroll (check only one):  Spring  Summer  Fall of (year) \_\_\_\_\_

Signature: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_

INSTRUCTIONS FOR APPEAL:

- 1. Complete this form. Be sure to indicate the semester term you wish to enroll.
2. Attach a specific and complete explanation of the circumstances that affected your academic progress. Write your responses the following questions.
a. What factors contributed to your academic problems during the preceding terms?
b. Explain how the circumstances have been resolved that will allow you to perform at a satisfactory academic level.
c. Why do you want to return to college?
d. What strategies and resources do you plan to use that will help you be academically successful?
e. What class do you plan to enroll in if your appeal is granted?
f. What additional information do you want the committee to consider in the review of the appeal?
3. If applicable, attach documentation that supports the circumstances you describe in your written statement.
4. Submit your appeal form to the front desk of the Learning Success Center, by mail to ASU Mid-South, ATTN: Brice James-Battelle, 2000 West Broadway, West Memphis, AR 72301, or emailed to bjamex-battelle@asumidsouth.edu.
5. Your appeal will be reviewed by the Academic Suspension Appeals committee within 30 business days, and you will be notified of the results.

Official Use Only

Approved Rejected

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date Received

Date of Committee Review

Number of Hours Approved to Enroll

Date Student was Contacted