

Stephen F. Austin State University
James I. Perkins College of Education

Academic Appeal Form: Suspension

Submit Date: _____

Student Name: _____ Campus ID #: _____

Phone: _____ SFA Email: _____

Academic Status: Suspension Major: _____

Current GPA: _____ Semester requesting reinstatement for: _____

****In order to be considered for review by the Appeal Committee, you must submit the following:**

- This completed form
- Typed letter of appeal, outlining extenuating circumstances which explain your Academic Status
- All supporting documentation to support your letter of appeal (doctor notes, references, etc...)

Submit all documentation to:

Dr. Janet Tareilo, Associate Dean of the James I. Perkins College of Education

Email: coestudentservices@sfasu.edu

Physical Location: McKibben Building, Room 118

**A decision from the committee in regards to reinstatement will be emailed to your SFA titan email as soon as decided upon.*

For office use only:	
Committee:	_____

Last Semester Attended:	_____ Last Appointment with Advisor: _____
Notes:	_____

Committee Decision:	_____ Date: _____