

ACADEMIC SUSPENSION APPEAL FORM

INSTRUCTIONS: (GRADUATE LEVEL STUDENTS ONLY)

Complete the attached Academic Suspension Appeal Form neatly and accurately. Attach a letter stating the reason for your situation. Include a plan of action and a timeline (if applicable) to improve your circumstances. If relevant, documents from medical doctors and/or others in support of your appeal should be attached to the appeal form.

Return your appeal and any supporting documents to the College of Graduate Studies (CGS) by one of the following methods on or before the specified dates on the CGS website:

- bring to the Sam H. Ingram Building, Main Floor, 2269 Middle Tennessee Blvd
- fax to 615-904-8020
- mail to College of Graduate Studies, MTSU Box 42, Murfreesboro, TN 37132
- email as a pdf document to lisa.mitchell@mtsu.edu by the listed dates on the CGS website. <http://w1.mtsu.edu/graduate/student/regulations/suspension.php>

NOTE: Appeals received after the posted deadline will not be accepted.

The Academic Suspension Appeal Committee of the Graduate Council will meet and review all appeals. In addition to the written appeal, we strongly encourage you to meet with the committee for a personal interview. (*Note: personal interviews are not required for your appeal to be reviewed.*) If you would like to schedule an interview, you must contact the College of Graduate Studies at 615-898-2840 between the hours of 8:30 a.m. and 3:00 p.m. on the date specified at the CGS website (no exceptions). If you choose not to be interviewed, the decision will be based upon your written appeal. In-person appeals will be held in the College of Graduate Studies located on the main floor of the Sam H. Ingram Building.

Readmission by the Academic Suspension Appeals Committee of the Graduate Council does not imply reinstatement of financial aid, if applicable, nor does it guarantee readmission into your desired program.

The action of the Academic Suspension Appeals Committee of the Graduate Council is final.

College of Graduate Studies
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Complete the information below and attach a double-spaced document stating the reason(s) you are appealing your academic suspension along with any supporting documentation (if applicable). Be specific and complete.

MTSU Student ID # _____ Date: _____
Use "M" number NOT Social Security Number

Name: _____

Mailing Address: _____

Program of Study: _____

Effective Term of Suspension: _____

Requested Readmission Term: _____

I understand that the action of the Academic Suspension Appeals Committee of the Graduate Council is final.

Signature of Student: _____