

## UNDERGRADUATE ACADEMIC DISQUALIFICATION APPEAL FORM

Complete and submit this appeal to your College Academic Advising Office NO LATER THAN the deadline stated in your academic disqualification letter.

Name:	PID:	):	
E-mail Address:	Cell or Home Phone:		
Mailing Address:			
Current Major:		Proposed Major:	
Proposed Quarter of Return:		Expected Graduation Date:	
		orm to be considered for an appeal.	
Tou must complete			
	SECTION 1: ACADEM	AIC PLAN	
Provide your academic plan for the next plan. Do not include courses in a seque		you have met all prerequisites for any couve the required grade.	urses in this
Quarter:	Quarter:	Quarter:	
SECTION 2: PERSONAL STATEMENT			
You must submit a clear and brief personal statement stating the nature of the problem(s) in the quarters that led to your academic disqualification. Explain how you addressed the problem so that it no longer affects your academic performance. Note: you may be asked to provide documentation.  Your statement must be typed, double spaced, and no more than two pages. Be sure to include your name and PID. Submit this form and statement to your College Academic Advising Office by the deadline listed in your disqualification letter. You will be notified of the College's decision through the Virtual Advising Center ( <a href="http://vac.ucsd.edu">http://vac.ucsd.edu</a> ).			
Signature:	Date:		
SECTION 3: COLLEGE DECISION			
	Appeal Approved	☐ Appeal Denied	
Quarter of Return:			
Comments:			
Signature/Date:			