



Suspension Appeal Form

Submit Form To: _____ (Graduate Coordinator)

_____ (Program of Study)

UNC Charlotte
9201 University City Boulevard
Charlotte, North Carolina 28223-0001

From: _____ (Print: Student Name)

_____ (Student Identification Number)

_____ (Street Address)

_____ (City, State, Zip)

_____ (Telephone Number)

_____ (E-Mail Address)

To be completed by the Student:

Please attach a letter explaining any extenuating circumstances that contributed to your academic performance. If reinstated, what steps will you take to earn satisfactory grades?

Student's Signature & Date _____

This section to be completed by the Graduate Coordinator:

Please note your recommendation below and forward the Suspension Appeal Form to the Graduate School for review.

- ☐ I recommend reinstatement.
- ☐ I recommend reinstatement with the following condition(s):
- ☐ I do not recommend reinstatement.

Graduate Coordinator's Signature & Date _____

Final Consideration: Dean Of The Graduate School

Comments/Action: _____

Approved: _____ Not Approved: _____

Signature: _____ Date: _____