

SWTX SCHOLASTIC SUSPENSION APPEAL FORM

STUDENT'S NAME _____

SWTX ID# _____

PHONE # _____

Mr. /Ms. _____ :

Date: _____

Your academic progress has placed you on Academic Suspension for the _____ semester of 20____. If you wish to appeal for admission for that semester, you must present this form and any supporting documentation in person to the Vice President of Academic Affairs or the Vice President of the SWTX Del Rio or Eagle Pass campus. The VP may direct the appeal paperwork to another SWTX official.

For your appeal to be considered, you must provide a written response to items #1 and #2 below: Please respond on paper other than this form, and attach your response to it.

1. Please describe and explain the circumstances, situations, or events that contributed to your academic difficulties and led to this academic suspension.
2. Please explain how or why the circumstances, situations, or events have changed so that you anticipate having a successful _____ semester of 20_____.

Please be specific in your responses to #1 and #2 above, and provide any documents that will support your responses (for example, accident reports or medical records).

Please note that re-admission under appeal does not reinstate your financial aid. Questions regarding eligibility and reinstatement of financial aid should be addressed to the Office of Student Financial Aid.

Student last enrolled: _____ Advisor Name: _____

Your petition for re-admission has been _____ **APPROVED** _____ **DENIED** – **explanation attached IF DENIED BY A VP, THE STUDENT MAY APPEAL TO THE ACADEMIC APPEALS COMMITTEE. CONTACT THE VP OF ACADEMIC AFFAIRS IN UVALDE.**

The student is given permission to register for the _____ semester with the following conditions:

- _____ Report to the Advising/Counseling Department every _____.
- _____ Report to the Student Success Center for tutoring every _____.
- _____ Must enroll in Orientation or College Success Skills.
- _____ Other: _____

April Ruhmann, VP of Academic Affairs