 **Appeal of Disqualification**

**Submit to Lisa Ayre-Smith (BTW 2199)**

**Scanned copies of signed forms are acceptable**

 **May be emailed to** **lisa.ayre-smith@csuci.edu**

**Questions? Call 805-437-3709**

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|  |
| Student ID Number |
|  |
| Telephone Number |
|  |
| E-mail Address (CI) |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Last Name | First Name | MI |
|  |  |  |
| Address  |  |  |
|  |  |  |
| City  | State | Zip Code |

* Date of disqualification Second Disqualification

Semester Year

* Please note that appeals of academic disqualification are not typically approved. Successful appeals must demonstrate exceptional circumstances or errors on the part of the University. Students seeking to demonstrate academic improvement are encouraged to meet with an academic advisor, successfully complete appropriate courses to improve his/her grade point average, and apply for reinstatement to the University. Please attach a typewritten explanation.

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only**

* + Appeal Denied Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* + Appeal Approved. You have been reinstated for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ semester. You must make an appointment with the Office of Academic Advising to review methods of improving your academic standing.

Reinstated on Academic Probation

Advising Hold

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Academic Appeals Board or Designee*