

# Northeastern State University – Office of the Registrar Academic Suspension Appeal for Immediate Return

Name \_\_\_\_\_ ID \_\_\_\_\_  
Last First Middle

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Major \_\_\_\_\_ Expected Date of Graduation \_\_\_\_\_

- ➔ **NSU POLICIES APPLY TO ALL STUDENTS.**
- ➔ **THIS FORM SHOULD BE COMPLETED AND RETURNED TO THE OFFICE OF THE REGISTRAR.**
- ➔ **ATTACH A STATEMENT EXPLAINING THE REASONS YOU BELIEVE AN EXCEPTION SHOULD BE MADE IN YOUR CASE. EXPLAIN THE CIRCUMSTANCES CONTRIBUTING TO YOUR FAILURE, HOW YOUR SITUATION HAS CHANGED AND WHY YOU ARE NOW READY TO IMPROVE AND EXCEL IN ACADEMICS.**
- ➔ **IT IS RECOMMENDED YOU SUBMIT ANY DOCUMENTATION THAT WOULD SUPPORT YOUR CASE.**
- ➔ **IF THE PROCESS OF SUBMITTING AND CONSIDERING YOUR APPEAL IS NOT COMPLETE PRIOR TO THE LAST DAY TO ENROLL FOR THE NEW FULL TERM, YOU MAY ENROLL IN SECOND EIGHT WEEK, WEEKEND, AND/OR OTHER SHORT TERM CLASSES IF YOUR APPEAL IS APPROVED.**
- ➔ **IF YOUR APPEAL IS APPROVED, YOU WILL RETURN ON CONTINUING PROBATION AND WILL BE REQUIRED TO MEET WITH YOUR UNIVERSITY OR ACADEMIC ADVISOR.**
- ➔ **YOU WILL BE INFORMED OF THE DECISION VIA THE EMAIL ADDRESS ABOVE.**

Date: \_\_\_\_\_ Student's Signature \_\_\_\_\_

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| Committee Recommendation: <input type="checkbox"/> Approval <input type="checkbox"/> Denial |
| _____   |
| _____   |
| Date: _____ Signature of Committee Chairperson _____  |