



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: _____