



**North Dakota State College of Science
Appeal for Academic Reinstatement**

Return this form to: NDSCS, Associate Registrar, 800 Sixth Street North, Wahpeton, ND 58076-0002

Name: _____

Mailing address: _____

NAID or Social Security number: _____

Academic option: _____

In choosing to appeal your academic suspension, you have indicated your desire to continue your education at NDSCS. Therefore, it is your responsibility to read the following information and mark it accordingly. When finished, return this form to: NDSCS, Associate Registrar, 800 Sixth Street North, Wahpeton, ND 58076-0002. The Academic Review team will review your status and contact you with the decision of your appeal.

- I have reviewed and understand the Academic Policy for probation, suspension and re-admission status found in the NDSCS College Catalog.
- I understand that I must have a cumulative grade point average of 2.00 to graduate from NDSCS.
- I understand that because of my academic status I may not be eligible for financial aid.
- I understand the concept of mandatory attendance. This may be a stipulation given to me by the Academic Review team.
- I have completed the two question below.

Signature

Date

Office use only

Action taken by Academic Review team:

Approved: _____ Denied: _____ Letter Sent: _____

Signature

Date

In the space below explain the circumstances that prevented you from making satisfactory progress. You should specify the term(s) in which the difficulties arose and how your academic performance was affected. Appeals upon medical, emotional or legal reasons require supporting documentation from a doctor, counselor, lawyer, etc.

Detail the steps you will take to improve your future academic status should you be reinstated. If additional space is needed, please attach a separate sheet of paper.