

Student Appeal Form

Last Name	First Name	Middle Initial
Student ID (NSHE ID) #:	Phone #:	
Email address:		
-	options below ion (Completed registration card with up to two courses iic counselor/success coach must be attached)	s and Degree Sheet obtained from
Academic suspension	n Effective: Requesting to return	n on:
□ Reinstatement or I	ate Registration Appeal Attach Permission to Enroll in Class rtment chair to appeal	
If approved continue to Four (R2T4) Please select from review the current (Death of immediate incapation in the current of the cur	which have been withdrawn can be considered for a refund/p for refund/pardon of fees, all academic grades will remain or be used to calculate excess credit, Satisfactory Academic P and any other state or federal mandate. the below approved criteria for refund/pardon of fees appears to catalog). Committee's decision will be e-mailed to above excitation or hospitalization of student; with supporting documentation attached a contraction of the supporting documentation attached to a specific degree program; with supporting documentation attached and denial to a specific degree program; with supporting documentation attached at in support of a national emergency in accordance attached.	n student's permanent record and will rogress Policy (SAPP), Return to Title eal (for additional information please e-mail address.
	Year: Class/es:	
· ·	he circumstances which support your petition pertaining to yalong with required documentation.	your request. Please attach additional
Student Si	nature	Date Submitted
	FOR COMMITTEE USE ONLY	
APPROVED	COMMENTS: DATE	DENIED DATE