

**Program Dismissal Appeal
Student Information Form**

**Please contact the Ombudsman Office at
(269) 387-0718 before starting this process.**

Complete, sign and return to Ombudsman Office 218 Bernhard Center

Statement from Student

Department: _____

Program: _____

Date of Dismissal: _____

Why do you believe you should not have been dismissed from the program?

What is your understanding as to why you were dismissed from the program?

What steps, if any, have you taken to resolve this dismissal prior to appealing to GAPDAC?

Signature _____ Date _____

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