

Program Dismissal Appeal Committee

Student Information Form

Complete, sign and return to Academic Affairs, 3000D Seibert Adm Bldg

Statement from Student

Dept: _____

Program: _____

Date of Dismissal: _____

Hearing Date _____

Student: _____

Course: _____

Term: _____

Instructor _____

for office use

Why do you feel you should not have been dismissed?

Why do you think you were dismissed?

Signature _____ Date _____