

# Suspension Appeal Form



**Submit this form to your Graduate Program Director:**

Graduate Program Director: \_\_\_\_\_

Degree/Major: \_\_\_\_\_

UNC Charlotte  
9201 University City Boulevard  
Charlotte, North Carolina 28223-0001

Full Name: \_\_\_\_\_ 800#: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

**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 is to be completed by the Graduate Program Director**

Please note your recommendation below and forward the Suspension Appeal Form to the Graduate School, 201 Cato Hall, for review.

I recommend reinstatement.

I recommend reinstatement with the following condition(s):

I do not recommend reinstatement.

**Graduate Academic Advisor's Signature & Date:** \_\_\_\_\_

**Final consideration: Associate Dean of the Graduate School**

Comments/Action: \_\_\_\_\_

Approved       Not Approved

Signature, Associate Dean of the Graduate School \_\_\_\_\_ Date: \_\_\_\_\_