

Academic Appeals Form SUSPENSION or DISMISSAL

Registrar Staff sign and date this form: _____
Signature Date

Fill-In Information Below:

Student Name _____ CWID _____

OFFICE OF
THE REGISTRAR
Phone: 5025976340
Fax: 5025976239

Home Address: _____
Street City State Zip
Home Phone: () _____ Advisor: _____

The Academic Appeals Committee can best contact me at the following address:

Local Address _____
Street City State p Zi Phone

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