

## STUDENT APPEAL FOR ACADEMIC WITHDRAWAL

R.01.09.2018

Please complete the form in its entirety and as detailed as possible.

Name:	Date:	
Email Address:	Phone Number:	
Please accept t	his as my appeal of Eastwick College's decision to withdraw me from the	

College for failure to achieve satisfactory academic progress/failure of two core courses. The circumstances that led to my unsatisfactory academic progress include:

My personal circumstances have changed and will result in the improvement of my academic situation if readmitted. They include:

Based on the above information and appropriate attached documentation, please reinstate me into the \_\_\_\_\_\_ program. I understand that I may not be eligible for financial aid and may be considered on academic probation.

Student Name	Student Signature		
Office Use Only:			
Committee Members:	Member Vote:		
1	🗆 Yes 🗆 No		
2	🗆 Yes 🗆 No		
3	🗆 Yes 🗆 No		
Appeal granted Appeal denied   Reason for decision (must be completed; please print):			
List any conditions that may apply (please print):			
Committee Chairperson Signature:	Date:		