

MEREDITH COLLEGE
Request to Appeal Probation Requirements

Name _____ Student ID # _____

Address _____

Phone Number _____ Email _____

In the following section, indicate which requirements(s) you are appealing and provide a statement as to your reason for submitting the request. You may attach additional pages as necessary:

- I wish to enroll in more than fifteen (15) credit hours.
- I do not wish/cannot repeat a course in which I received a D or F.
- I do not wish/cannot take ENG 111 this semester.
- I do not wish/cannot attend a study skills workshop.

Reason _____

***Return this form and supporting documentation to the Office of the Registrar, 141 Johnson Hall,
no later than ten (10) days after receipt of your notification of academic probation.
You may mail to 3800 Hillsborough St., Raleigh, NC 27607 or fax to (919) 760-2878.***

I hereby authorize Meredith College to consider my request for an appeal of academic probation. I authorize release of information from my academic, financial, and social records to support this appeal.

If I have included in my request information regarding services I received at the Counseling Center, from either a counselor or the Coordinator for Disabilities Services, I authorize the College to verify that services were received. Any information regarding disability or counseling services will be kept confidential.

I understand that the decision whether to grant this request is final and may itself not be appealed by me or others acting on my behalf.

Student Signature

Date

For Committee Use

Copy: Financial Aid _____ Dean of Students _____ Registrar _____

Action: Granted _____ Denied (documentation attached) _____

Committee Chair's Signature

Date