

**MEREDITH COLLEGE**  
**Request to Appeal Academic Suspension**

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Please provide information about where you can be reached within the next two (2) weeks:

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

In a typed letter requesting an appeal of academic suspension, please provide the following information:

- The reasons why your academic performance is below the requirements indicated in the Meredith College catalog.
- What you will change academically, personally, and socially so that you can meet the college's academic requirements (as outlined in the College Catalog) by the end of the following semester.
- Information about other factors that should be considered as part of your request. Include especially copies of documentation verifying the existence of any medical or other conditions that have impeded your ability to succeed academically.
- If you did not attend summer school at Meredith College this summer, indicate why you chose not to.

*In your letter of request, you should make the strongest possible arguments to support your request.*

***Return this form and supporting documentation to the Office of the Registrar  
no later than ten (10) days from the date indicated on your notification of academic suspension.  
You may mail to 3800 Hillsborough St., Raleigh, NC 27607 or fax to (919) 760-2878.***

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I hereby authorize Meredith College to consider my request for an appeal of academic suspension. 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.

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

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*For Committee Use*

Copy: Financial Aid \_\_\_\_\_ Dean of Students \_\_\_\_\_ Registrar \_\_\_\_\_

Action: Granted \_\_\_\_\_ Denied (documentation attached) \_\_\_\_\_

\_\_\_\_\_  
Committee Chair's Signature

\_\_\_\_\_  
Date