LAMAR UNIVERSITY COLLEGE OF GRADUATE STUDIES

Academic Suspension Appeal

Instructions to Student: Electronically complete and sign the top of this form then submit to your Department Chair for signature via email (subject line: "Suspension Appeal") and copy lugradstudies@lamar.edu. If you are unsure who your Chair is, please refer to the listing here: https://www.lamar.edu/faculty-staff/academic-affairs/contact-list.html. *Note:* A separate appeal may be required by Financial Aid. This appeal does not satisfy Financial Aid requirements. Write financialaid@lamar.edu for more information on their requirements.

Full Name:	Lamar ID:
Degree:	LU email:
Phone Number:Str	udent signature:
Date: If approved, I am requesting to be	enrolled in Semester Year
Required Information: Explanation for appeal request. I decline in academic performance, and what steps you will	nclude any extenuating circumstances that contributed to your take to earn satisfactory grades if you are reinstated.
This section to be completed by the Department Chair of Instructions: Please mark your recommendation below, significant the College of Graduate Studies at lugradstudies@lamar.ed	gn, date, save, and email the signed Academic Suspension Appeal to
I recommend reinstatement	
I recommend reinstatement with the following cond for the conditions to be valid.]:	dition(s) [Note: Conditions must be shared directly with the student by the Department
I do NOT recommend reinstatement	
Department Chair or Designee's Signature:	Date:
This section to be completed by the Dean of Graduate S Comments/Actions:	Studies (lugradstudies@lamar.edu).
Approved Not Approved	
Graduate Dean's Signature:	Date:

The College of Graduate Studies will notify the student and academic advisor via email once this appeal has been fully processed. The complete academic probation/suspension policy can be found on the College of Graduate Studies website: https://www.lamar.edu/catalog/graduate-academic-policies/index.html#general,