

# STUDENT APPEAL FOR ACADEMIC WITHDRAWAL

(PLEASE PRINT NEATLY)

**PLEASE COMPLETE THE INFORMATION BELOW (\*Required Fields):**

**Date\*:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Name\*:** \_\_\_\_\_ **Phone Number\*:** \_\_\_\_\_

Please accept this as my appeal of Eastwick College's decision to withdraw me from the College for failure to achieve satisfactory academic progress. The circumstances that led to my unsatisfactory academic progress include:

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

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Based on the above information, please reinstate me into the \_\_\_\_\_\* program at Eastwick College. I understand that I will not be eligible for financial aid and will be considered on academic probation. **APPROPRIATE DOCUMENTATION IS ATTACHED.**

\_\_\_\_\_  
**Student Name**

\_\_\_\_\_  
**Student Signature**

**OFFICE USE ONLY**

**Committee Members:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Member Vote:**

- |                          |     |                          |    |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

**To be completed by Academic Appeals Committee Chairperson:**

\_\_\_\_ Appeal granted

\_\_\_\_ Appeal denied

**Reason:** \_\_\_\_\_

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**Committee Chairperson Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_