



Student Suspension Appeal Form

Name: _____

Student VIP ID: _____ Major: _____

Phone: _____ Email: _____

Term in which suspended: _____

Term in which you wish to re-enter _____(semester) _____(year)

Please answer the following questions and attach to this form.

1. Explain the circumstances that led to your suspension. Attach any documentation (such as medical statements) that supports your explanation. Any confidential material should be placed in a sealed envelope with your name on the outside. It will be returned to you after the start of the term.

2. Explain why you should be allowed to continue at USC Upstate and what you have learned that will make you successful.

3. Summarize the meeting with your advisor.

I understand that submission of false material is a violation of the USC Upstate code of conduct and certify this information is true and complete to the best of my ability.

Signature

Date

Please return this form along with the Advisor Suspension Appeal form and any other attachments to the Registrar's Office located in HEC 2081 or email to Mary-David Fox at mdfox@uscupstate.edu.



Advisor Suspension Appeal Form

Student's name: _____

Major: _____

Hours needed to graduate: _____ Student's VIP ID: _____

Please schedule an academic planning session in which a faculty representative (academic advisor, Chair, Dean, or other full-time Faculty member) from the department of the student's major will review the student file and return it to Enrollment Services. A degree work plan should also be completed and come attached with this form.

Please explain the following (type or write clearly) and attach additional information to this form if necessary.

1. Summarize your meeting with the student:

2. Comments:

Faculty/Advisor Name: _____

Faculty/Advisor Signature: _____ Date: _____

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