



Please complete, print (see "Print Form" button above), acquire the appropriate signatures, and return this form to the Office of Records and Registration, University Hall, One University Plaza, MS UHB 1076, Springfield, IL 62703-5407. Forms are processed on a weekly basis. Please be sure to carefully complete all information prior to printing the document.

Last Name First Name UIN

Mailing Address City State Zip Code

Major Adviser Daytime Phone

Last Semester of Attendance Prior to Suspension: Semester Year Reinstatement Requested for Semester: Semester Year

I request review of my academic suspension from UIS for the following reasons:

In addition to my most recent transcript, I am submitting the following documents in support of this appeal:

Student Signature Date

Approvals Dean/Associate Dean signature required to approve appeal of academic suspension.

Check all that apply

Adviser Date

Approve Deny See Attached Notes

Program/Department Representative Date

Approve Deny See Attached Notes

Dean/Associate Dean Date

Approve Deny See Attached Notes

Copies:
Original (Permanent File)
Notification (sent via official UIS Email by Office and Registration):
Student

For Office Use Only
Processed By: _____
Date: _____