



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 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

\_\_\_\_\_  
Program/Department Representative Date

\_\_\_\_\_  
Dean/Associate Dean Date

Approve  Deny  See Attached Notes

Approve  Deny  See Attached Notes

Approve  Deny  See Attached Notes

Original:  
Permanent File

Copies (distributed by the Office of Records and Registration):  
Student Adviser Program Dean

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