

## **Appeal - Academic Dismissal**

1906 College Heights Blvd. #11010 | Bowling Green, KY 42101-1010 | Phone: 270-745-2446 | Fax: 270-745-6950 | graduate.records@wku.edu

| Name              | First      | M/M  | WKU ID # |  |  |  |  |
|-------------------|------------|--|----------|--|--|--|--|
| STUDENT RATIONALE | Explain th | Explain the extenuating circumstances resulting in Academic Dismissal. |          |  |  |  |  |
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PROGRAM FACULTY RATIONALE

Confirm (in detail) faculty support for this student to be reinstated.

| Course(s)  (e.g. ENG 504 Studies in American Liter   |   | Repeating the   | Minimum                              | Term to Complete                                    |          |
|--|---|---|--------------------------------------|---|----------|
| (e.g. ENG 504 Studies in American Liter  |   | Course (Y/N)  | Grade                                | 1 2 Complete  |          |
|  | ature   | N   | A                                    | Fall 2022)  |          |
|  |   |   |                                      |   |          |
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| Additional curricular requirements (option   |   |   |                                      |   |          |
| uccessful completion of this Academic F<br>erm. I understand that I must raise my c<br>dditional curricular requirements (if app<br>vill be dismissed from the Graduate Scho | cumulative GPA to 3.0 by olicable) by the specified | y completing the Academ<br>d term. I further understa | ic Plan as indic<br>and that if thes | cated in the Table above<br>e conditions are not me |          |
|  |   |   |                                      |   |          |
| Projected Degree Completion Date   |   |   |                                      |   |          |
| Student Signature  | Date  | Graduate Pr   | ogram Coordinate                     | or or Dept. Head Signature                          | <br>Date |
| reacht organical c   | 54.0  | Graduate  | og. a 000. aa                        | or or pepti rieda oigilatare                        | Dute     |
|  |   |   |                                      |   |          |
| Advisor Signature  | Date  | College Dear  | n Signature                          |   | Date     |
|  |   |   |                                      |   |          |
| Associate Provost Comments:  |   |   |                                      |   |          |
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| Approved Denied  |   |   |                                      |   |          |