



## Academic Suspension/Dismissal Appeal Form

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

\_\_\_\_\_  
PTC ID Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Current Major

\_\_\_\_\_  
Term of Suspension/Dismissal

Please describe the reason(s) you are appealing your academic suspension/dismissal (**you must attach supporting documentation**):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you plan to raise your cumulative GPA back to a 2.0 or above if allowed to continue enrollment at PTC?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that this appeal form and all supporting documentation must be submitted to the Registrar no later than one calendar week before classes begin for the semester of my suspension/dismissal in order to be considered by the Academic Appeals Committee:.

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

\_\_\_\_\_  
Date

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Date of Appeal Committee meeting: \_\_\_\_\_

Decision: ☐ Appeal Approved

☐ Appeal Denied

☐ Appeal Approved with Conditions

Conditions for Continued Enrollment (if applicable): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Committee Chair \_\_\_\_\_

Signature \_\_\_\_\_