

Name: _____ Date: _____ UTC ID: _____

Appeal from Suspension or Dismissal

UTC Records Office, 109 Race Hall
615 McCallie Avenue, Dept. 5155
Chattanooga, TN 37403
Ph: (423) 425-4416 Fax: (423) 425-2172

Program (Major): _____ Email Address: _____

Appeals must be submitted **no later than one week prior to the beginning of classes** for Fall and Spring semesters and each Summer term.

Appeals may be made to the Undergraduate Petitions Committee if you feel that extenuating circumstances were responsible for your poor academic achievement and you are seeking reentry before the suspension or dismissal period expires.

Appeal Packet Requirements: Packets must be organized as listed below. **Each section must be initialed by the student, indicating your understanding of the requirements.** If you are unable to provide the required information, you should explain why in place of the item. You should retain a copy of all documentation, as this information will not be returned to you.

- _____ 1. Complete Appeal from Suspension or Dismissal Form.
- _____ 2. Secure signatures from your academic department.
- _____ 3. Submit the materials (appeal form, MyMocsDegree Evaluation, supporting documentation, etc.) to the Records Office by the deadline
- _____ 4. Documentation is an important component of your petition; you should attach evidence which supports your request for an exception to the Suspension/Dismissal Policy.
- _____ 5. Appeals will be limited to the materials presented to the Petitions Committee and will be heard on the basis of the materials presented.
- _____ 6. **The decision of the Committee will be sent to your UTC E-mail account.**
- _____ 7. Reapply for admission to the Undergraduate Admissions Office pending appeal approval.
- _____ 8. If this Suspension or Dismissal has resulted in a Financial Aid Satisfactory Academic Progress hold, you must submit a separate appeal to the Financial Aid Office.

Signatures:

I have reviewed the petition for the above student in making my decision.

_____	_____	<input type="checkbox"/> Support	<input type="checkbox"/> No Support
Advisor Signature	Date		
_____	_____	<input type="checkbox"/> Support	<input type="checkbox"/> No Support
Department Head Signature (of Student's Program)	Date		

Comments: _____

Action Taken: Approved _____ Denied _____

Comments: _____

Committee Chair

Date

What circumstances have negatively affected your academic progress? (Keep in mind that suspension or dismissal is not the result of poor performance in one semester alone, but is based on your cumulative records). Please provide appropriate documentation to support your statements.

How have your circumstances changed so that you will not re-experience similar difficulties or what **specific** steps have you taken to ensure that you will regain and maintain academic eligibility if you are allowed to enroll in classes?

If readmitted, do you plan to have a job? ____ Yes ____ No If you plan to work, how many hours per week will your job require? _____

Please list the courses you would like to take in the term for which you have applied to be readmitted.

Please provide any information not already included which you feel would be helpful to the members of the Petitions Committee in reviewing your request for readmission.

I hereby release personal education records for the use of members of the Petitions Committee, which includes faculty, administrators and students.

Student's Signature
January 23, 2014

Date