

Appeal for Reinstatement

Purpose: For Use by Undergraduates Seeking Immediate Reinstatement After First or Second Susp H Q V L R Q

Your Name | _____ | University | _____ |
Please Print Ten-Digit University ID #

IU E-Mail Address (only): _____ | Phone: _____ - _____ - _____ |

Current Major: _____ | Suspension Term: (semester & year) _____

Required Support

Completed Suspension Appeal form signed by student.

Personal Statement of Explanation and Plans for Recovery. See 'Preparing Personal Statement' below.

Unofficial Transcript, available in your Student Center on One.IU.edu.

Substantiating Documentation Extenuating circumstances should be documented. Examples:

- D Illness/Medical Condition of Student or Family Member: Letter stating you, or family member, was or is under their care from a specific date.
- E Death of Family Member/Close pages.

3 U H S D U L Q J Appeal 3 D F N H W

To facilitate quicker decision turn-time, assemble your appeal documents in this order:

- Completed Form (top)
- Personal Statement
- Unofficial Transcript
- Other Documentation (bottom)

Submit all documents to: sesc@ius.edu. Assemble your documents as above. Scan/consolidate all documents into one electronic file (please: no multiple attachments) and attach to an e-mail from your IU e-mail account, directed to sesc@ius.edu, subject line styled 'Suspension Appeal for Reinstatement from FirstName LastName' by 4PM on the deadline.

Signature and Certification

I, the undersigned, certify that the statements made in this appeal and all attachments, are true and accurate to the best of my best recollection.

Signature | _____ | Date: _____ - _____ - _____ |