



<u>Records Office use only</u> <hr style="width: 80%; margin: auto;"/> Initials

Records Office

Appeal for Reinstatement

Please Print

Student, please indicate the quarter and year you are petitioning for reinstatement.

(Please check only one box and indicate the year):

_____ Fall _____ Winter _____ Spring _____ Summer Year 20_____

Student Name _____ ID# _____

Telephone # (_____) _____ Major _____

The Satisfactory Academic Progress Policy (SAP) of East-West University measures the students' maintenance of cumulative grade point average of 2.0 every quarter and whether students are completing 67% of the cumulative hours attempted.

Your Appeal must include an approved academic plan (contact your academic advisor) and documentation (if warranted) of mitigating circumstances, such as injury, illness, death in the family or other special circumstances, which has limited your ability to progress in your studies at a reasonable rate. Make your statement brief and to the point. Appeals must be completed within the third quarter of your attendance if you did not maintain the SAP policy for the previous two quarters. Completed appeals and supporting documents must be submitted to your academic advisor. The Academic Progress Committee consisting of the Director of Counseling and Student Affairs, Director of Financial Aid, and Associate Provost/Full-Time Faculty, will review the appeal and notify you of the decision.

(Use reverse side if additional space is needed)

Student Signature _____ Date _____, 20_____

SAP Action Taken _____ Approved _____ Denied _____

Term of Reinstatement _____ Fall _____ Winter _____ Spring _____ Summer _____