ACADEMIC DISMISSAL APPEAL FORM

PART I. To be completed by the Student:

Name: ________________________________

Last or Family Name: Snell

First or Given Name: Sydney

Middle Name: ________________________________

NU ID: 001234567

Current Program/Concentration: MGEN / Information Systems

E-Mail: snell.s@northeastern.edu

Today’s Date: ________________________________

Degree Level: ✔ MS  ☐ BSMS  ☐ PhD

First Term on Probation: ☐ Fall  ✔ Spring  ☐ Summer  2022

Next Term of Registration: ☐ Fall  ☐ Spring  ✔ Summer  2022

Courses with Grades below B:

Current Course Registrations for Next Term:

Describe the reasons for your low cumulative GPA:

(In this section, students should describe what led them to earning a low GPA in their graduate program.

Students can attach a separate document, if needed.)

How do you plan on improving your grades in the future?

(In this section, students should describe how they will improve their GPA. For example, reaching out to the course

instructor or the TA, or utilizing the university resources. Students can attach a separate document if needed.)

Sydney Snell

Student Signature: ________________________________

(Today’s Date): ______________

Date Signed: ________________________________

Transcript Attached: ✔
PART II. To be completed by the Graduate School of Engineering:

Student's next term is: ☐ Fall ☐ Spring ☐ Summer 20________

Term GPA needed to achieve cumulative 3.000 GPA: ________________

Current Cum. GPA: ______________________ SH completed: ______________________

GSE Recommendations: (For Office Use Only – To be completed by the Graduate School Academic Advisor)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

(G Graduate School Review)

Name ______________________ Signature ______________________ Date Signed ____________

Title: ______________________

Email: ______________________

PART III. To be completed by the Program Contact:

Academic Dismissal Appeal Decision (Completed by Review Committee):

☐ Grant appeal for an extension of one final additional academic term based on above action plan.

☐ Uphold dismissal. Student has not met requirements for continuation in program

Comments:

(Program Contact Review)

Name ______________________ Signature ______________________ Date Signed ____________

Title: ______________________

Email: ______________________

For Office Use Only:

__________________________________________

Assistant/Associate Director of Graduate Advising