ACADEMIC DISMISSAL APPEAL FORM

PART I. To be completed by the Student:

Name: ___________________________   ___________________________   ___________________________
   Last or Family Name   First or Given Name   Middle Name

NU ID: _____________   Current Program/Concentration: ____________________________

E-Mail: ___________________________   Today’s Date: ___________________________

Degree Level: ☑ MS   ☐ PhD

First Term on Probation: ☑ Fall   ☐ Spring   ☐ Summer   20 __ __

Next Term of Registration: ☐ Fall   ☑ Spring   ☐ Summer   20 __ __

Courses with Grades below B: ____________________________

Current Course Registrations for Next Term:

Describe the reasons for your low cumulative GPA:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

signature: ___________________________   ___________________________
   Student Signature   Date Signed

☑ Transcript Attached

☑ GPA Calculator 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: _______________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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:

Name __________________________________ Signature ______  Date Signed ______

Title:

Email:

For Office Use Only:

____________________________
Assistant/Associate Director of Graduate Advising

March 2023