ACADEMIC SUSPENSION APPEAL REQUEST

Suspension appeals are a formalized process initiated by the student and submitted to the Provost/Vice President of Academic Affairs or his or her designee through the instructions below. Appeals for suspensions are considered on a case-by-case basis and not automatically approved. Please refer to the Academic Probation, Suspension, and Dismissal policy in the Academic Policies and Procedures section of the HPU Academic Catalog for a detailed explanation.

INSTRUCTIONS:
1. Student initiates meeting with his or her academic advisor (faculty advisor for graduate students) to discuss academic suspension and desire to appeal. Advisor will work with the student to complete the Academic Suspension Appeal packet and to assemble the required documentation for the appeal.
2. Advisor indicates support or non-support of the appeal and submits Academic Suspension Appeal packet by email to the Department Chair for review and copies the Associate Registrar-Records and Director of Academic Advising for notification.
3. Department Chair will indicate support or non-support of the appeal and then forward by email to the Dean and his or her Administrative Assistant.
4. Dean will indicate support or non-support of the appeal and then forward by email to the Provost/Vice President of Academic Affairs (P/VP) and Administrative Assistant to P/VP.
5. A receipt confirmation of the appeal packet will be sent by email from the Provost’s office to the Student, Academic Advisor, Department Chair, Dean, Director of Academic Advising, and the Associate Registrar-Records.
6. P/VP of Academic Affairs will determine approval or denial of the appeal.
7. Student, Academic Advisor, Department Chair, Dean, Director of Academic Advising, and the Associate Registrar-Records will be informed of the appeal decision by email from the P/VP (or designee), in 7-10 business days after receipt of the appeals packet.

Submission Deadline: To be considered for academic reinstatement, a complete Academic Suspension Appeal packet should be received by the following deadlines:
- To return for fall term, the deadline to submit a complete appeal packet to the advisor by July 15th.
- To return for spring term, the deadline to submit a complete appeal packet to the advisor is November 15th.

APPROVED APPEALS:
Students who have successfully appealed their suspension will be placed on continued probation status. Students who fail to raise their GPA to the published standard by the end of the next spring term after their suspension has been lifted, will be subject to dismissal, which is final. A student whose suspension appeal has been approved may not appeal a subsequent suspension.

DENIED APPEALS:
If an appeal is denied, the student will not be permitted to continue his or her education at HPU at this time. The student may appeal at a later date with new information to support reconsideration (e.g., successful attendance at another university, a change in personal status that would indicate potential for success upon return to HPU, etc.).
ACADEMIC SUSPENSION APPEAL REQUEST FORM

PLEASE PRINT LEGIBLY:
Student Level:  □ Undergraduate  □ Graduate  HPU Student ID: @__________________________

Program: ___________________________________  College: ___________________________________

Name: _____________________________________  _____________________________________________  ______________________
   (Last)  (First)  (Middle)

Student HPU Email: _____________________________@my.hpu.edu  Phone number: ___________________

Proposed dates of reinstatement: Term of return: ____________________  Year of return: _________________

SUPPORTING DOCUMENTS TO SUBMIT (by all students):
☐ Student Appeal Letter
☐ HPU Unofficial Transcript or CAPP report
☐ Contract for Academic Success
☐ Academic Advisor Letter of Recommendation
☐ Other Documents: (i.e., Medical, Military, Family, etc.)

Graduate Students ONLY: Additional Requirements
☐ Letter of support from department chair or graduate program chair

REQUIRED SIGNATURES:
Student: ___________________________________________  Date: __________

ADVISOR’S RECOMMENDATION:  □ Support  □ Not Supported

________________________________________________________________________  Date: _________
Advisor (Please Print)  Advisor Signature

DEPARTMENT CHAIR’S RECOMMENDATION:  □ Support  □ Not Supported

________________________________________________________________________  Date: _________
Department Chair (Please Print)  Signature

DEAN’S RECOMMENDATION:  □ Support  □ Not Supported

________________________________________________________________________  Date: _________
Dean (Please Print)  Signature

ACADEMIC AFFAIRS APPEAL DECISION:  □ Approved  □ Denied

________________________________________________________________________  Date: _________
Provost/Vice-President, Academic Affairs (Please Print)  Signature

Registrar’s Office Use Only:  SOAHOLD __________  SFAREGS____________  SPACMNT: __________

By: ___________________________________________  Date: __________