Memphis College *of* Art

Academic/Financial Aid Suspension Appeal Form

Student Name _____ ***Student ID*** _____

Suspension for: ***Fall 20_____Spring 20_____Summer 20_____*** Prior Probations or Suspensions_____

Extenuating Circumstances: _____

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Attach additional page if necessary. Please explain personal, financial, or medical circumstances that may have affected your academic performance over the last two semesters. Attach any documentation (i.e. medical information, financial information)

All information is true and complete to the best of my knowledge. I agree to provide documentation to verify special circumstances.

Student Signature_____ Date_____

Please Return this Form to: Dean of Academic Affairs, Memphis College of Art, 1930 Poplar Avenue, Memphis, TN 38104
or Registrar's Office, Rust Hall

Office Use Only ---------- (Attach transcript to Form)

Appeal Approved _____ Appeal Denied _____

Requirements/Recommendations: You are required to meet with the Achievement Counselor in the Achievement Center in addition to the following stipulations by the Suspension Appeals Committee:

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SASA Committee Signatures_____

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Cc: Registrar, Financial Aid, Student Affairs