

Request For Appeal – Suspension Reinstatement



**DAYTONA
STATE COLLEGE**

College Satisfactory Progress Standards
Office of Records
1200 W. International Speedway Blvd
Daytona Beach, FL 32114
Phone: 386-506-3463 • Fax: 386-506-4489

Student's Name: _____		
Student's ID#: _____	Telephone #: _____	
Falconnet Email: _____		

Suspension is a serious situation that warrants careful examination of the causes and a plan of action to eliminate the possibility of reoccurrence. Each section must be answered thoroughly. Incomplete sections will cause your request to be dismissed without consideration. This petition must be accompanied by documentation when appropriate.

If you wish to appeal the academic suspension based on extraordinary circumstances that occurred during your probationary semester, please complete the information below, respond to the questions on the reverse, and attach documentation to support your special circumstance. **Please check the box that applies to your request of suspension reinstatement:**

1 Major Semester(Fall/Spring) 1 Academic Year(Fall + Spring)

Students who receive student financial assistance also must meet all applicable criteria as described in the Financial Aid Disbursement Guide and on their website.

All college response and correspondence regarding appeals will be sent to the FalconMail account

Death of Immediate Family Member Serious Illness/Injury

Unforeseen Emergency Non-Voluntary Military Activation

Please indicate the reason(s) for your appeal on the back of this form and attach the required **supporting documents** to verify the reasons for your appeal in addition to your statement.

Attach additional pages as necessary. **PLEASE WRITE LEGIBLY.**

Student Signature:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied (check one)	Processed By:
Date:	Signed:	Date:

Please attach additional pages as necessary.

1. State clearly and specifically all of the reasons why you were unsuccessful in your courses at Daytona State College. Please specifically address EACH semester in which you were unsuccessful, if applicable.

2. If you are allowed to return to the college, what steps will you take in order to prevent the situation mentioned above from reoccurring? Please address some changes in your life that will positively affect the outcome of next semester. Consider some of the following issues: academic, personal, employment, health, transportation, and/or childcare.

3. Please provide any additional facts that should be considered in evaluating your request.