



of the email notice to the student of the dismissal. The student should complete this form and provide it to their Graduate Program Coordinator to route through DocuSign for further review by their Department Head, the Dean or Associate Dean, and Graduate School in this order.

Students who are dismissed from their program are not guaranteed to be reenrolled the semester after the dismissal should their appeal be successful. If the appeal is not successful, the student must wait 8 semesters before reapplying. If the appeal is successful, the student may be able to re-enroll in the next semester. However, depending on how many semesters the student would need to sit out before reapplying.

**APPEAL TIMELINE**

The dismissal appeal process must begin within 30 calendar days after the student receives email notification of the dismissal. Once the student emails the dismissal appeal along with all required support documents to the Program Coordinator, the Program Coordinator, Department Head, and Dean or Associate Dean have 10 business days to review and provide a decision. Any delays in the timeline should be communicated to all involved parties through VSU email.

NAME: _____	DATE: _____
VSU E-mail Address: _____	
STUDENT ID# <del>870</del> _____	MAJOR: _____
ADVISOR: _____	DEPARTMENT: _____

BRIEFLY EXPLAIN REASON FOR APPEAL (attach supporting documents): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

STUDENT:

The Dismissal appeal must be reviewed and a decision made at each of the following levels:

Program Coordinator Date Received: \_\_\_\_\_

Date of Decision: \_\_\_\_\_

Approve Appeal \_\_\_\_\_ Deny Appeal \_\_\_\_\_

Rationale (include any stipulations): \_\_\_\_\_

Signature \_\_\_\_\_

Department Head Date Received: \_\_\_\_\_

Date of Decision: \_\_\_\_\_

decision on the appeal and notify all parties of the disposition of the appeal within one week. If no satisfactory resolution of the appeal has been reached at this point, the student has the right to appeal to the Provost & Vice President of Academic Affairs. Such an appeal must be provided in letter form to the Office of the Provost & Vice President for Academic Affairs no later than thirty (30) calendar days after the student has received the decision of the Associate Provost.

---

DATE RECEIVED BY THE ~~GRAD~~ SCHOOL \_\_\_\_\_

DATE REVIEWED BY THE Associate Provost \_\_\_\_\_

Submit to Graduate Appeals Committee?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Committee Members:

Chair- Name/Department: \_\_\_\_\_

Name/Department: \_\_\_\_\_

Name/Department \_\_\_\_\_

Hearing Date:

Decision Date:

---