

## Appeal of Disqualification Submit to the Registrar Scanned copies of signed forms are acceptable May be emailed to <u>registrar@usk.edu</u>

Questions? Call 760.471.1316

Last Name	First Name	MI	Student ID Number
Address			Telephone Number
City	State	Zip Code	E-mail Address (CI)
• Date of	f disqualifications	emester Year	Second Disqualification
must d seeking success	emonstrate exceptio g to demonstrate aca sfully complete appr	nal circumstances idemic improveme ropriate courses to	ification are not typically approved. Successful appeals or errors on the part of the University. Students ent are encouraged to meet with an academic advisor, improve his/her grade point average, and apply for a typewritten explanation.
Temsta	tement to the Oniver	isity. I lease attach	
			Date
	gnature	For Off	Date
Student Si	gnature Denied Note Approved. You hav	For Off es: re been reinstated f	Date
Student Si	gnature Denied Note Approved. You hav ment with your advi	For Off es: re been reinstated f	Date   Tice Use Only   For semester. You must make an hods of improving your academic standing.
Student Si	gnature Denied Note Approved. You hav ment with your advi	For Off es: re been reinstated f isor to review methon Academic Prob	Date   Tice Use Only   For semester. You must make an hods of improving your academic standing.

Signature \_\_\_\_\_

Academic Appeals Board or Designee

\_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_