UN Ass 308 No.

UNIVERSITY OF OKLAHOMA

Associate Provost for Academic Advising Oversight 308 Cate Center Drive, Cate 1, Room 418 Norman, Oklahoma 73019 405.325.1596

Request to APPEAL a UNIVERSITY SUSPENSION

This form is for a first-time suspension ONLY, immediately following the suspension.

Please print clearly.				
Full Name:			Sooner ID#	
Address:			Major:	
City:	State:	Zip Code:		
Phone #:	E-Mail:			
May we contact you by	e-mail about your petition?	Yes	□No	
You were suspended at	the end of which semester?	Fall 20_	Spring 20 Summer 20)
Student's Signature:			Date:	
1) This form Option	2) Your explanatory n 1: E-mail—Director Dr. V n 2: US Mail—AARC, Dr.	page Wes Bush at w Wes Bush, Din nter, Bldg 1, Re	rector	
immediately follo Oklahoma at www	eal the suspension Before twing your suspension, you	the End of the must apply f	e SECOND WEEK of the Semester for readmission to the University of the heading "Suspended Students" at the	
•	nd suspension, you must atte		stitution and raise your overall GPA to a	
_	FOR OFFICE USE ON	LY (Do not v	write in this section.)	.
Action	Approved	I	Denied	
C' a sa taura			Data	