

**Mississippi College Graduate School
Box 4029, Clinton, MS
Graduate Student Academic Appeal**

Name: _____ **Student Number** _____
Major: _____ **End of Term Standing:** _____
Address: _____

Daytime Telephone: _____ **E-mail** _____

Check all that apply: **Graduate Academic Suspension** **Financial Aid**
Suspension

Please use this form to describe why the appeal(s) you have checked should be considered for continued enrollment in the Graduate School at Mississippi College. You may begin your response on this sheet and attach additional sheets if necessary. Consider the following questions as you write your appeal:

1. What factors contributed to your current academic suspension?
2. Why should Mississippi College grant your appeal(s) considering your current record?
3. What plans do you have to ensure academic success in the upcoming semester(s)?
4. What other pertinent information would you like to share with us regarding your appeal(s)?

For Appeals Committee Use:

Action Taken: Academic and/or Financial Aid Reinstatement based on the following conditions: _____

Academic and/or Financial Aid ***Appeal Denied:*** _____ ***Date Student Notified of Decision:*** _____
