



WSSU

Suspension Appeal Form

Winston Salem State University
601 Martin Luther King, Jr. Drive
Thompson Center, Suite 111
Winston-Salem, NC, 27110-0001

Academic Programs (Graduate Program/Department of Study)

From: (Student Name)
(Banner Identification Number)
(Street Address)
(City, State, Zip)
(Telephone Number)
(E-mail Address)

To be completed by Student:
Please attach a letter explaining any extenuating circumstances that contributed to your academic performance. If reinstated, what specific steps will you take to earn satisfactory grades as defined by your graduate program?

Student's Signature _____ **Date** _____

This section to be completed by the Graduate Program Coordinator:
I recommend reinstatement.....
I recommend reinstatement with the following condition(s):
▪ I do not recommend reinstatement.

Graduate Program Coordinator/Chair's
Signature _____ **Date** _____

This section to be completed by the Graduate Program Dean:
Comments/Action:
Reinstatement Approved Reinstatement Not Approved:

Signature of Dean of Graduate Program:
_____ **Date** _____

Final Consideration: Graduate Council Appeals Committee
Comments/Action:

Approved: Not Approved:
Signature of Chair of Graduate Council Appeals Committee:
_____ **Date** _____

