

**ACADEMIC SUSPENSION APPEAL FORM
FOR GRADUATE STUDENTS**



Complete the information below and attach a double-spaced document stating the reason(s) you are appealing your academic suspension along with any supporting documentation (if applicable). Be specific and complete.

MTSU Student ID # _____ Date: _____
Use "M" number NOT Social Security number

Name: _____

Mailing Address: _____

Program of Study: _____

Effective Term of Suspension: _____

I understand that the action of the Academic Suspension Appeals Committee of the Graduate Council is final.

Signature of Student: _____