Scholastic Dismissal Appeal (Cover Sheet / Written Statement Prompt)

Student Information:					
Last Name		First Name		Middle I	nitial
UTEID		Cell Phone #		Date	
Address		City, State, Zip		Email A	ddress
Prompt for Writ	ten Statement				
The Scholastic Dismissal Committee will only consider appeals when <u>legitimate</u> and <u>extenuating non-academic circumstances</u> are present. Copies of appropriate supporting documentation that verifies the extenuating circumstance(s) referenced in your written statement are <u>REQUIRED</u> . Your statement may be typed (preferred) or legibly handwritten and must include your signature and the completed student information portion of this form as your cover sheet.					
Please address the following in the written statement:					
PLEASE DESCRIBE ANY EXTENUATING CIRCUMSTANCE(S) THAT HINDERED YOUR ABILITY TO REMOVE YOURSELF FROM SCHOLASTIC PROBATION THIS SEMESTER.					
This written statement must arrive in our office by the deadline of: <u>5:00 PM on Monday, January 8th, 2018</u> . Appeals will not be processed if received after this deadline. Please submit this cover sheet, your written statement, and any supporting documentation together.					
, ,		Student Advising Office	<u>Hand-Deliver</u> :	BMC 2.600	
Attn: Leece N 300 W. Dean Austin, TX 78	Keeton, A0900		Fax:	512-232-1827	
For Office Use C	Only				
Received by Student Ad	vising:	By mail:	In person:	_ By fax:	
Dismissal Type: First	Dismissal	Second Dismissal	_ Final Dismissal		
For Committee	Action				
Decision: □Appro	oved 🗆 Denied	□Pending By	Dean/Committee:		Date:
Reasons:					
Toolkit Date:	Initials	NE Status Update:	Initials	SAN Date:	Initials