



Academic Reinstatement Appeal

Please Type or Print

Name of Applicant: _____ Student ID: _____

Address: _____ City: _____ Zip: _____

Major: _____ Credit Hours Earned: _____ Cum. GPA: _____ Sem. GPA: _____

Desired Term of Reinstatement : _____ Phone#: _____

Member of TRIO? _____ Yes _____ No Currently living on campus? _____

WNCC Athlete? _____ Yes _____ No If so, which residence hall? _____

Faculty advisor: _____ Email Address: _____

Explain the circumstances that contributed to your academic performance (attach an additional page if needed) _____

How do you intend to change your performance to enable your return to academic good standing?

Please provide a schedule of courses in which you will enroll if this appeal is approved.

Course Name	Section	Credits	Days	Time

Explain why the courses you have indicated are good choices.

Appeal review procedures:

The Academic Appeals Committee will evaluate all academic appeals. To ensure student needs are best represented, the Registrar may request additional information from student, advisor, or other officials. Non-academic, as well as academic factors, may be considered if they are pertinent to the student's request for reinstatement. If the Committee decides to reinstate the student, conditions will be set forth in the future semesters that must be met by the student.

Applicant Signature: _____ Date: _____

RETURN THE COMPLETED FORM TO THE REGISTRAR'S OFFICE (Registrar@wncc.edu)

Advisor's Comments:

Advisor's Recommendation: Approval Non-Approval

Advisor Completing this Form (Please print name) _____

Advisor Signature _____

Registrar's Comments: _____

Final Action: Approved Not Approved

Signature _____