English Language Program
Dismissal Appeal Form – Fall 2017

Last Name: _________________________  First Name: _________________________
WID: ______________________________  Date: ______________________________

Part I.
Please explain why you were not successful in your studies during the last two semesters.

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______________________________________________________________________________
______________________________________________________________________________
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Part II.
Please explain why you wish to be re-instated and allowed to continue to study in the ELP.

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Part III.
Please list at least three changes or plans you have made that will enable you to be successful in your future studies in the ELP.

1. _____________________________________________________________
2. _____________________________________________________________
3. _____________________________________________________________
4. _____________________________________________________________
5. _____________________________________________________________
6. _____________________________________________________________

______________________________________________________________________________

Student Signature

For Office Use Only—Reinstated Yes / No  Initials: _________  Date: _________