ACADEMIC DISMISSAL/Term SUSPENSION
APPEAL CONTRACT

Student Name ______________________ Date of Conference ______________________
RMU ID number ______________________ Credits Applied ______________________
Program and Major ______________________ Current Cumulative QPA ______________

Was the student present?  ☐ Yes  ☐ No

COMMITTEE ACTION

*Academic progress and attendance will be monitored by the Center for Student Success.

☐ Academic clearance for the 20___ ____________________ term denied.

☐ Academic clearance for the 20___ ________________ term approved with the following conditions:

1.  ☐ Student’s academic status: ________________________________

2.  ☐ Maximum credits permitted next term: ______________________________

   ☐ Required courses for next term:

   ______________________________

   ______________________________

   ______________________________

   ☐ Suggested courses for next term:

   ______________________________

   ______________________________

   ______________________________

☐ All courses or ☐ Additional course may be selected by student.

3.  Student may be academically dismissed if:

   ☐ Semester quality-point average is less than ________________.

   ☐ Student does not meet contract requirements.

   ☐ Other: ________________________________

Note: If you have any financial aid concerns, please contact the financial aid office once this process is completed.

__________________________________  __________________________________
Student’s Signature                 Dean