

**SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE**  
**SUSPENSION APPEAL FOR REINSTATEMENT**

(Please Type or Print using **BLACK** ink)

NAME \_\_\_\_\_ ID# \_\_\_\_\_

ADDRESS \_\_\_\_\_ PH# \_\_\_\_\_  
Street

\_\_\_\_\_ Email \_\_\_\_\_  
City State Zip

*(All suspension correspondence, including the Committee's decision, will be sent to the above address.)*

1. Which semester are you seeking reinstatement? Semester \_\_\_\_\_ Year \_\_\_\_\_
2. What was the last semester you attended SIUE? Semester \_\_\_\_\_ Year \_\_\_\_\_
3. Have you attended college elsewhere since your suspension? Yes No  
If yes, then list the colleges and dates attended below.

\_\_\_\_\_  
\_\_\_\_\_

4. How many semesters will it take for you to get a cumulative GPA of 2.0 on a 4.0 scale? \_\_\_\_
5. Respond to each of the following. Responses are to be typed on a separate sheet of paper in the order given below.
  - a. Describe your SIUE class attendance, study habits and skills, time management, interactions with instructors and advisers, and utilization of campus resources.
  - b. Describe the plan you will use to improve your academic standing upon reinstatement to ensure your graduation.
  - c. Discuss additional factors that contributed to your academic suspension, attaching supporting documentation when appropriate.
  - d. Indicate your intended major and what influenced this selection.
  - e. Describe how you have spent your time since your suspension from SIUE.

<p><b>STATEMENT OF COMPLIANCE</b> <b>WITH SUSPENSION APPEAL POLICIES AND PROCEDURES</b></p> <ul style="list-style-type: none"><li>• I understand that suspension from SIUE can last for an indefinite period of time.</li><li>• I understand that I must appeal in order to be reinstated.</li><li>• I understand that this appeal for reinstatement is not automatic, and there is no guarantee that I will be permitted to attend SIUE in the future.</li><li>• I understand that reinstatement from suspension requires meeting specific conditions in a contract that will be established with an academic adviser.</li></ul>
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Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return completed form to:** Cheryle Tucker-Loewe, Chair  
Suspension Appeals Committee  
SIUE Student Success Center Room 1220  
Edwardsville, Illinois 62026-1640

**OR** **FAX (618) 650-3797**

**Deadline is always the seventh Thursday of the term preceding the term for which you are seeking reinstatement.**