

Stephen F. Austin State University  
James I. Perkins College of Education

**Academic Appeal Form: Suspension**  
*for Undergraduates in the College of Education*

Submit Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Campus ID #: \_\_\_\_\_

Phone: \_\_\_\_\_ SFA Email: \_\_\_\_\_

Academic Status: Suspension Major: \_\_\_\_\_

Current GPA: \_\_\_\_\_ Semester requesting reinstatement for: \_\_\_\_\_

**\*\*In order to be considered for review by the Appeal Committee, you must submit the following:**

- This completed form
- Typed letter of appeal, outlining extenuating circumstances which explain your Academic Status
- All supporting documentation to support your letter of appeal (doctor notes, references, etc...)

**\*\*\*DEADLINE FOR SUBMISSION IS 7 BUSINESS DAYS BEFORE THE FIRST CLASS DAY OF THE SEMESTER BEING REQUESTED FOR REINSTATEMENT. DECISIONS WILL BE EMAILED TO SFA EMAIL.**

Submit all documentation to:

**Dr. Stacy Hendricks, Associate Dean of the James I. Perkins College of Education**

**Email: coestudentservices@sfasu.edu**

**Physical Location: McKibben Building, Room 118**

For office use only:	
Committee:	_____
	_____
	_____
Last Semester Attended:	_____ Last Appointment with Advisor: _____
Notes:	_____
	_____
	_____
Committee Decision:	_____ Date: _____