

MURRAY STATE UNIVERSITY
REQUEST FOR ACADEMIC SUSPENSION APPEAL HEARING

(Financial Aid appeals are requested through your myGate account.)

NAME: _____ M#: _____

TERM of REINSTATEMENT: _____ LAST TERM ATTENDED: _____

ADDRESS:

Street: _____ City, State, Zip Code _____

Email: _____

Phone: _____

Will you be present (recommended) at the hearing: YES ___ If not, reason: _____

STATE YOUR REASON FOR REINSTATEMENT, include any EXTENUATING CIRCUMSTANCES –
(DOCUMENTATION MUST BE PROVIDED) (use additional paper if necessary, be very specific; include actual date(s) in your response)

Did you meet with your academic advisor last semester? YES ___ NO ___

Did you meet with your academic advisor for assistance in scheduling classes? YES ___ NO ___

Did you meet with your academic advisor to discuss your academic status and plans for the future? YES ___ NO ___

If you are reinstated:

What is your plan for academic success? _____

Which classes do you plan to take? _____

Are you willing to take a part-time load? YES ___ NO ___

Are you currently working? YES ___ for ___ hours per week NO ___

While enrolled in school? YES ___ for ___ hours per week NO ___

What future goals do you have after completing your degree? _____

SIGNATURE: _____ DATE: _____

****MAIL/FAX/EMAIL TO:** Office of the Registrar
Murray State University
113 Sparks Hall
Murray, KY 42071-3312 USA
Fax: 270/809-5727
Email: msu.registration@murraystate.edu

****Due to the time sensitive nature of these documents, the Office of the Registrar recommends fax, email, or personal delivery.**

DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY)

TERM REINSTATED: _____ # of Suspensions: _____ Terms suspended _____

ACADEMIC ADVISOR: _____ PRIOR APPEALS _____

COMMITTEE DECISION: REINSTATED _____ DENIED: _____ ATTENDED HEARING: _____

Stipulations if reinstated: _____