



Creating Solutions

*Ben and Maytee Fisch College of Pharmacy
Office of Academic Affairs*

APPEAL OF ACADEMIC DISMISSAL FORM

Student Name: _____ Student ID: _____

Local Address: _____
(Street Address)

(City) (State) (Zipcode)

Faculty Advisor: _____ Session/Year of Dismissal _____

Section 1. Reason(s) for Academic Dismissal.

- ☐ 2nd Academic Probation
- ☐ Completion of academic course of study will exceed 5 calendar years from original matriculation date
- ☐ Accumulation of 4 (or more) letter grades of 'D'
- ☐ Accumulation of 2 (or more) letter grades of 'F'
- ☐ Accumulation of 3 (or more) letter grades of 'D' and 1 letter grade of 'F'
- ☐ Conduct subject to dismissal as described in the Academic Honesty / Honor Code
- ☐ Other (Please describe): _____

Section 2. Basis For Appeal

Narrative that describes the basis for this appeal to reverse my academic dismissal from the College of Pharmacy to the Professional and Academic Standards Committee (PASC) is:

You may attach an additional page if more space is needed.

Student Signature

Date

The student shall sign and submit the original, physical form to the Office of Academic Affairs. After the form has been submitted, the Office of Academic Affairs will submit the form to the Professional and Academic Standards Committee.



Creating Solutions

*Ben and Maytee Fisch College of Pharmacy
Office of Academic Affairs*

Section 3. Professional and Academic Affairs Committee Decision and Statement.

The committee has reviewed the appeal and the committee's decision is to:

- ☐ Uphold the appeal
- ☐ Decline the appeal

The basis for the decision is:

(Chair, Professional and Academic Standards Committee)

(Date)

Return the original of this form to the student and a copy to the Office of Academic Affairs in the case s/he wishes to pursue the matter further.



Creating Solutions

*Ben and Maytee Fisch College of Pharmacy
Office of Academic Affairs*

Section 4. Appeal of Academic Dismissal to the Dean.

I have followed the formal process and have been unable to reach a satisfactory resolution of my appeal of my Academic Dismissal from the College of Pharmacy through the Professional and Academic Standards Committee. I wish to appeal my academic dismissal from the College of Pharmacy to the Dean.

(Student Signature)

(Date)

Sign and submit this form to the Office of the Dean if you wish to further appeal your academic dismissal from the College of Pharmacy. If you are not pursuing the appeal further, sign and return this form to the College of Pharmacy's Office of Academic Affairs.

You may attach an additional page if more space is needed to add additional comments to the appeal.

Section 5. College Dean's Decision and Statement.

I have reviewed the student's appeal of his/her academic dismissal and my decision is to:

- ☐ Uphold the appeal
- ☐ Decline the appeal

The basis for the decision is:

(Dean, College of Pharmacy)

(Date)

Return the original of this form to the student and a copy to the College of Pharmacy Office of Academic Affairs in the case s/he wishes to pursue the matter further.



Creating Solutions

*Ben and Maytee Fisch College of Pharmacy
Office of Academic Affairs*

Section 6. Appeal of Academic Dismissal to the Provost/Senior Vice President for Academic Affairs.

I have followed the formal process outlined in the College of Pharmacy's policies and procedures and have been unable to reach a satisfactory resolution of my academic dismissal through the College's Dean. I wish to appeal my academic dismissal from the College to the university Provost/Vice President for Academic Affairs.

(Student Signature)

(Date)

Sign and submit this form to the Office of the Provost/Senior Vice President for Academic Affairs if you wish to further appeal your academic dismissal from the College of Pharmacy. If you are not pursuing the appeal further, sign and return this form to the College of Pharmacy's Office of Academic Affairs.

You may attach an additional page if more space is needed to add additional comments to the appeal.

Section 7. Provost's Decision and Statement.

I have reviewed the student's appeal of his/her academic dismissal and my decision is to:

- ☐ Uphold the appeal
- ☐ Decline the appeal

The basis for the decision is:

(Provost/Senior VP Academic Affairs)

(Date)

Return the original of this form to the student and a copy to the College of Pharmacy Office of Academic Affairs in the case s/he wishes to pursue the matter further.
