

TEXAS A&M INTERNATIONAL UNIVERSITY
A Member of the Texas A&M University System
Graduate School

SCHOLASTIC DEFICIENCY APPEAL

This appeal is to be completed and submitted to the Graduate School **within 5 university days from the date that the Scholastic Deficiency letter was received**. Filing this appeal does not guarantee approval. Final approval or denial will be determined by a Graduate Appeals Panel.

Student Name: _____ **TAMIU ID:** _____

Street Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____ **Email:** _____

Appealing: (Check One)

Suspension

Dismissal

Expulsion

Degree / Program: _____

Seeking enrollment for Semester/Year: _____

Submit Self-Assessment essay indicating the following:

1. Reasons for your academic issue(s) and/or performance.
2. Personal issue(s) and/or medical issue(s) (please provide documentation).
3. Provide solution or plan on how to improve your academic performance.

***Suspension/Dismissal/Expulsion is a separation of the student from the university. If your appeal is denied, the Graduate School will drop you from all courses. You will be required to meet any stipulations provided in the scholastic deficiency letter previously received.

I hereby certify that all statements included in this appeal are true and that to the best of my knowledge I have not omitted any relevant information.

Student's Signature

Date

Scholastic Deficiency Appeal must be submitted with attached Self-Assessment to:

Graduate School
Senator Judith Zaffirini Student Success Center 206
Phone: 956.326.3027