

**TEXAS A&M INTERNATIONAL UNIVERSITY**  
**Office of Graduate Studies & Research**

**SCHOLASTIC DEFICIENCY APPEAL**

This appeal is to be completed and submitted to the Office of Graduate Studies & Research **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 in the Office of Graduate Studies & Research.

**Student Name:** \_\_\_\_\_ **Student 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 proof).
3. Provide solution or plan on how to improve your academic performance.

\*\*\*Suspension/Dismissal/Expulsion is separation of the student from the university. If your appeal is denied, the Office of Graduate Studies & Research 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**

**Office of Graduate Studies use ONLY:**

Number of Graduate Hours: \_\_\_\_\_

Overall Graduate GPA: \_\_\_\_\_

Graduate Appeals Panel Review Results:

Panel Member: \_\_\_\_\_ Approved

Denied

Panel Member: \_\_\_\_\_ Approved

Denied

Panel Member: \_\_\_\_\_ Approved

Denied