

Student Appeal

Last Name	First Name	Middle Initial
Student ID (NSHE ID) #	Phone #	
CSN Student Email address		
Please select one of the options below		
Academic Suspension (Completed appropriate academic counselor/	registration card with a maximum of two cou success coach must be attached)	irses and Degree Sheet obtained from
Academic suspension Effective	Requesting to reta	urn on
	Semester Year	Semester Year
fees appeal. No refund will be made it of the semester following. If approved for refund/procontinue to be used to cate other state or federal material ma	d criteria below for refund/pardon of fees ap Committee's decision will be e-mailed to the stone ember; with supporting documentation attach ospitalization of student; with supporting documentation attached a specific degree program; with supporting documentation	cumentation are not received by the end be made in extraordinary circumstances. on student's permanent record and will SAPP), Return to Title Four (R2T4) and any opeal (for additional information please udent's CSN student e-mail address. and mentation attached cumentation attached
SemesterYear	Class/es	
explanation if necessary along with re-	nces which support your petition pertaining to quired documentation.	
Student Signature		Date Submitted
	FOR COMMITTEE USE ONLY	
	COMMENTS:	
APPROVED DAT		DENIED DATE