Academic Dismissal Appeal Form

Once complete send this form to one of the following:

- E-mail - registrar@mercycollege.edu

STUDENT INFORMATION

Name: _____ _____ _____
First Middle Initial Last

Student ID #: _____ Email: _____

Program of Study: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Date of Birth: _____

APPEAL INFORMATION

Semester and Year of Appeal: _____

PLEASE INDICATE THE APPEAL TYPE YOU ARE REQUESTING (CHECK ALL THAT APPLY):

☐ College Dismissal for Academic Reasons

☐ Program Dismissal for Academic Reasons

I have read and understand the Academic and Program Dismissal Procedures as outlined in the Mercy College of Ohio College Catalog.

_____
Student Signature Date

INSTRUCTIONS

Complete academic and program dismissal procedures are detailed in the College Catalog and/or program handbook.

A complete dismissal appeal request will include the following:

- An Academic Dismissal Appeal Form
- A written statement of why the student disagrees with the decision for dismissal, and
- Any evidence or material supporting the reasons for disagreement.

Once complete, this form and all required documents should be submitted to the Office of Student Records for review.

Office: Student Records
Copy to: Office of Vice President of Academic Affairs
Last Updated: 01/12/2021

Processed by: _____ Date: _____
Staff Initials