



Texas Southern University
College of Pharmacy & Health Sciences
Office of Student Services, Gray Hall 134

Academic Appeal Form

Please print legibly and complete all requested information on the front and back of this form.

FIRST NAME	LAST NAME
T NUMBER	EMAIL (OFFICIAL TSU EMAIL ONLY)
PHONE	MAJOR

1. Semester appeal is being submitted for (circle one):

Fall Spring Summer Year: _____

2. Are you currently on/planning to be on financial aid?

YES OR NO

3. Have you been in contact with the Financial Aid Office about your status?

YES OR NO

Please describe in specific detail the circumstances that led to your poor academic performance in your last semester(s) at TSU:

More items to complete on backside of the form



Please describe in specific detail what actions you plan to take to improve your academic performance if your appeal is approved:

Other items required for students returning from university Academic Suspension:

If you are returning from Academic Suspension from the university after sitting out the required timeframe specified by the Academic Standing Policy in the university catalog, you must provide official transcripts of any college attended in your time away from TSU with this academic appeal form demonstrating that you have completed **at least 12 or more college credit hours (not developmental courses) with a GPA of at least 2.5 or higher.** **Appeals for students who do not satisfy those requirements and/or do not submit the required transcripts will not be reviewed nor approved.**

Acknowledgement:

I hereby acknowledge that approval of this academic appeal is not guaranteed, and that I may be advised to change my major by an advisor and/or the academic dean of the College of Pharmacy & Health Sciences.

I also acknowledge that it is my sole responsibility to ensure that any financial aid appeal (SAP) forms are also submitted to my advisor for signature timely, and I must follow up with the Financial Aid Office regarding the status of my financial aid (SAP) appeal. Approval of the Academic Appeal within COPHS does not guarantee that the Financial Aid appeal will be approved by the university.

Student Signature: _____ **Date:** _____

Processed by (OSS advisor, please print): _____

OSS Advisor signature: _____ **Date:** _____

Approved/denied (circle one) Academic Dean (COPHS): _____ **Date:** _____