

ACADEMIC DISQUALIFICATION APPEAL

Full Name: _____

Student ID Number: _____

Semester Started at CSUMB: _____

Units Earned at CSUMB: _____

Current GPA: _____

Success Advisor with whom you met: _____

Please describe the events or challenges that contributed to your struggles in one or more previous semesters. Include specific details, dates, and timelines. Be sure to explain how these challenges affected your ability to succeed in your courses. (You may upload documentation into Canvas.)

What actions did you take last semester while on academic probation to seek support for succeeding in your classes during the spring? Please describe your involvement in support programs such as tutoring with the Cooperative Learning Center (CLC), the Personal Growth and Counseling Center (PGCC), peer mentor programs, or regular meetings with a student success advisor. When did you begin participating, and how often did you seek support?

If your appeal for reinstatement for the fall semester is approved, what strategies and resources will you use to address the challenges you mentioned earlier? Your Success Advisor will assist you in developing a success plan. Please remember that you are expected to achieve a GPA of 2.5 or higher for the fall semester and to raise your cumulative CSUMB GPA above 2.0 by the end of the spring semester.