



**BUFFALO STATE**  
The State University of New York

## Academic Dismissal Appeal Form, Fall 2019

**A complete dismissal appeal packet—including documentation—must be received by the deadline for consideration.**

Send materials to:  
Academic Standards  
Buffalo State College  
1300 Elmwood Ave – TWIN 100  
Buffalo, NY 14222  
Fax: 716-878-4037

Email: [acadstandards@buffalostate.edu](mailto:acadstandards@buffalostate.edu)

**Deadline: Friday, January 3, 2020 at 3 p.m.**

### Student Information:

Last Name, First Name:	Banner Number:
Buffalo State E-mail Address:	Telephone Number (preferably cell phone):

### A. Dismissal Appeal Reason:

Check the appropriate mitigating circumstance(s) you are citing as negatively impacting your academic performance. **You must provide documentation of the mitigating circumstance with your appeal.**

☐ **Serious illness or injury of student**

Attach a written statement from a physician or medical professional on official letterhead and indicate the nature of the illness. You must include the dates of the illness/injury and treatment.

☐ **Serious illness or injury of immediate family member (e.g., parent, sibling, spouse, child)**

Attach a written statement from a physician or medical professional on official letterhead and indicate the nature of the illness. You must include the dates of the illness/injury and treatment.

☐ **Death of immediate family member (e.g., parent, sibling, spouse, child)**

Attach a copy of the obituary or death certificate. In your Personal Statement, include the name of the deceased and his/her relationship to you. Specify how this death impacted your ability to be successful.

☐ **Other unusual circumstances (e.g. military, house fire, crime victim, clemency, etc.)**

In your Personal Statement, provide a detailed explanation regarding the nature of the unexpected circumstances and how it impacted your academic performance. You must provide supporting documentation to corroborate your statements.

### B. Certification and Signature:

By checking each box and signing my name below, I hereby acknowledge that I have read and understood the terms and conditions pertaining to the Academic Dismissal Appeal Form.

- ☐ I understand that the Academic Dismissal Appeal Board may deny my appeal.
- ☐ I understand that if my appeal is approved, I must successfully complete all requirements set for me by my probationary adviser by the deadlines noted in my academic probation contract.
- ☐ I understand that approval of my academic dismissal appeal does not alter any other standing of mine at the college and I must resolve all of those issues prior to the start of my next semester.
- ☐ I certify that the information on this form is truthful and accurate. If it is discovered that I provide false or misleading information, I understand that my dismissal from SUNY Buffalo State may be immediately reinstated.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**C. Academic Dismissal Appeal Instructions**

**a. Complete the Academic Dismissal Appeal Form**

Attach the appropriate supporting documentation. **Incomplete appeal packages will be denied,** if missing materials are not received by the appeals deadline date.

**b. Personal Statement** (Please type your personal statement on a separate sheet of paper.)

- i. Explain the mitigating circumstances that **stopped** you from making satisfactory academic progress this semester.
- ii. Describe the steps you will take next semester to alter and improve your academic performance. (Be sure the steps you identify are specific and measurable. Vague statements such as, "I'll try harder" or "I'll study more" or "I'll know I can do better" are not sufficient to have a dismissal rescinded. Acceptable responses include meeting with academic advisor prior to the pass/fail deadline, attend instructor's office hours within the first two weeks of class, or informing the instructor on the first day of class that you do not have money for required course materials.)

**D. Students are not required to meet with their academic adviser or academic dean's office prior to submitting an academic dismissal appeal package. However, a student may schedule a phone consultation appointment with their academic adviser or academic dean's office staff for assistance in completing the appeal package.**

- a. NOTE: **Your dismissal is an academic matter and, as such, you should seek assistance with this process from your academic dean's office rather than the Dean of Students Office.** Contacting the Dean of Students Office instead of your academic dean's office will delay the completion of your dismissal appeal and may result in you missing the dismissal appeal deadline.
- b. You should submit a dismissal appeal (assuming you have the required extenuating circumstance and supporting documentation required to file an appeal) even if you are working to resolve a grade grievance or incomplete, have a pending academic appeal petition, or will be completing summer courses at Buffalo State in order to maximize your chances of being allowed to return to Buffalo State for the upcoming semester.

**E. Your appeal package will be reviewed by the Academic Dismissal Appeal Board. You will be notified of the decision of the board via your Buffalo State email account. Please note that if you are successful in having your dismissal rescinded for the upcoming semester, it is very likely you still will have financial aid academic eligibility issues that may prevent you from receiving your aid in the upcoming semester and you may need to adjust your schedule for the next semester to improve your academic standing as quickly as possible. Please contact the Financial Aid Office and your academic adviser to address these issues, if your dismissal appeal is approved.**

**F. If students are not successful in appealing their dismissal through the Academic Dismissal Appeal Board, the possibility of a Provost-level appeal exists if students have new information to provide for consideration or there was a procedural error in the original review. Additional information about this option will be made available to students via denied dismissal appeal outcome letters.**

**For Academic Dismissal Appeals Board Use Only**

Decision: ☐ Approve

☐ Deny

Reason for Denial: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_