



New Jersey City University  
Office of the Dean of Students  
**SECTION I STUDENTS ON ACADEMIC SUSPENSION STATEMENT OF APPEAL**

*Please clearly specify the reasons for appealing your suspension. Please be sure to include any pertinent circumstances and specific dates and attach any relevant documentation. If you require additional pages for this section, please ensure that all pages are signed and dated.*

**Name:** \_\_\_\_\_

**Gothic ID:** \_\_\_\_\_

**Statement:**

New Jersey City University

Office of the Dean of Students

**SECTION II LETTER OF RECOMMENDATION TO APPEAL ACADEMIC SUSPENSION**

*Please sign and seal and return to student*

Full-time Faculty/Staff Member,

*Please briefly comment on the student's ability to successfully continue as an NJCU student despite his/her current academic status. Please consider specific course work, quality of assignments and the student's overall attitude towards academic success. The Academic Appeals Committee will consider your recommendation in making a determination to approve or deny the student's appeal. Please note: If you need extra space, please feel free to use additional paper. However, please make certain that each sheet is signed and dated and that the entire recommendation is sealed before returning it to the student.*

**Faculty/Staff Member Name:** \_\_\_\_\_ **Extension:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **How long have you been with NJCU?:** \_\_\_\_\_

*How are you acquainted with the student?*

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*Do you think this student would be better served if s/he was suspended for an academic year and then reinstated? Please explain your answer.*

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*In your observation, is this student serious about his/her academic career?*

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*If needed, would you be interested in (or have time) assisting this student with his/her academics, (i.e., tutoring) if s/he were reinstated? Yes No*

\_\_\_\_\_  
Faculty/Staff Signature

\_\_\_\_\_  
Date



I will meet with my advisor for progress updates during the following months:

\_\_\_\_\_  
\_\_\_\_\_

I will contact the following services to see if I may be eligible for additional assistance:

**Project Mentor/Specialized Services 201-200-2091**

**Counseling and Wellness Services 201-200-3165**

*I agree to complete the items checked above. If I do not meet these responsibilities, I will jeopardize my reinstatement status at New Jersey City University. I understand that a student is removed from probationary status when the cumulative grade point average is at or above the minimum acceptable standard for the number of semester hours attempted. I will refer to the Academic Standards Policy and/or contact a representative in the Office of the Dean of Students if I need further clarification.*