

## Academic Suspension – Petition to Waive Mandatory Time Off

Student ID \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Your most recent term of attendance at WOU: Term: \_\_\_\_\_ Year: \_\_\_\_\_

Term in which you request reinstatement: Term: \_\_\_\_\_ Year: \_\_\_\_\_

**On a SEPARATE DOCUMENT, provide answers to these questions:**

- 1) What do you feel caused you to not be successful academically?
- 2) What has changed or what changes will you make in order to be successful?
- 3) What resources do you think you will need in order to be successful academically?
- 4) Why do you feel you cannot or should not serve your mandatory time off before returning to WOU?

***Please read the following statements and agree to them by checking each box and signing below***

- 1) As part of the petition process, I am required to meet with the Academic Suspension Committee. I will be assigned a meeting time based on the availability of the Committee. My meeting time is not negotiable.
- 2) If I disclose sexual abuse or sexual assault in my petition materials or my meeting with the Committee, the Committee is required to report it to the proper authorities. If I do not want my experiences of sexual assault or abuse reported, I will take the option of seeking out help through the confidential resources at Abby's House or the Student Health and Counseling Center. If I have questions about this option, I will ask the Registrar's Office for further guidance about how to proceed with the petition process while excluding information I do not want to be reported.
- 3) If my petition is approved, I will meet with an advisor in Student Success and Advising (SSA) at least twice before week 7 of the term. I also must earn a term WOU GPA of 2.00 or higher to remain reinstated.
- 4) I acknowledge that the decision of the Academic Suspension Committee is final.

***I, the above-named student, understand and acknowledge all the above statements. My answers to the four supplemental quests are true and correct.***

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

If you would like to request disability-related accommodation(s) to participate in a WOU activity or event, please complete the [online request form](#) at least three (3) business days in advance. If you have questions, contact Disability Access Services (DAS) at 503-838-8250 or [das@wou.edu](mailto:das@wou.edu).

**Directions:** Complete this form and email a PDF copy or picture (png, jpeg, etc.) to [registrar@wou.edu](mailto:registrar@wou.edu) from your WOU email address. Login to Wolf Web and check to see if you have any outstanding registration holds. Registration holds must be resolved before you are able to register. Reach out to the Office of the Registrar if you have questions or require assistance at (503) 838-8327.

**Office use only:**

Received by & date \_\_\_\_\_

SFAREGS  SHATERM  SHISASA  24 transfer credits 2.5 GPA

SGASTDN  SHAINST  SFAREGS  Notified Student

Processed by & date \_\_\_\_\_