Academic Drop Appeal Request

Complete this form and return it to the OM Registrar’s Office.

Name: ___________________________________________ ID #: ___________________ Cohort Number: ________
Address: ________________________________________ City: ________________ State: ___ Zip:_________

Daytime Phone Number (circle one: Home / Work / Cell): ________________________________

Please provide an honest explanation of your academic performance this term:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Will you agree to complete and submit all unfinished assignments, especially applied summary papers, within the next six weeks?

Please list specific steps you will take to improve your performance if allowed to return:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Will you agree to meet with your Primary Instructor, by phone or in person, to present your progress and be held accountable at least twice a month?

By signing below I acknowledge that if allowed to return, I:

1. Commit myself to the action plans stated above.
2. Recognize that failure to follow the steps listed above will result in my being administratively withdrawn, assuming full financial and academic responsibility.

See page 34 of the OM Student Handbook.

Signed__________________________________________________ Date________________