

Academic Suspension – Petition to Waive Mandatory Time Off

Step 1: Student Information

Last Name: _____ First Name: _____
 Student ID Number: _____ WOU Email: _____

Step 2: Suspension Information

Your most recent term of attendance at WOU: Term: Year:
 Term in which you request reinstatement: Term: Year:

Step 3: Supplemental Questions

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?

Step 4: Acknowledgement of Conditions

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

- 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.
- 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 reported.
- If my petition is approved, I will automatically be registered for ICS 107, a mandatory course for students who have been previously suspended. I acknowledge that I must earn a passing grade in this class if I am to remain reinstated. If I have already taken and passed ICS 107, I am not required to re-take it to remain reinstated. I also must earn a term WOU GPA of 2.00 or higher to remain reinstated, regardless of the grade I earn or have earned in ICS 107.
- I acknowledge that the decision of the Academic Suspension Committee is final

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

SIGNATURE: _____

If you have a disability that may require some accommodation in order to attend your mandatory meeting with the Academic Suspension Committee, please notify the Office of Disability Services at 503-838-8250 or ods@wou.edu at least 3 business days in advance. To request an interpreter, please fill out the [interpreter request form](#).

Step 5: Office Use Only

Assigned Committee Meeting Time/Place :		Email sent by:	
Outcome:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Other Action	COMMENT:	
Signature:		Print Name:	