

Appeal for Academic Dismissal Reconsideration

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Department/Office Name]

[University Name]

[University Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal my academic dismissal from [University Name]. I understand that my academic performance did not meet the established criteria, and I take full responsibility for the circumstances that led to this outcome.

During the [specific term/semester], I faced several challenges, including [briefly explain any personal, medical, or other extenuating circumstances]. Despite my best efforts, these issues significantly impacted my academic performance.

I am committed to improving my academic standing and have taken the following steps to ensure my success moving forward: [list any relevant actions taken, such as tutoring, counseling, or support services utilized].

I respectfully request the opportunity to discuss my situation and explore possible avenues for reinstatement. I am passionate about my education and believe that with the right support, I can achieve academic success in my program.

Thank you for considering my appeal. I look forward to your favorable response.

Sincerely,

[Your Name]