

**Eastern Oklahoma State College  
Plan of Improvement (Suspension Appeal)**

Name \_\_\_\_\_ Student ID \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Beginning Semester \_\_\_\_\_ Current Semester \_\_\_\_\_  
Transfer Student Yes \_\_\_\_\_ No \_\_\_\_\_

List semester(s) for which you have been Suspended \_\_\_\_\_  
I am not in good standing at Eastern because \_\_\_\_\_  
My weakest academic area is \_\_\_\_\_

In order to be a successful student at Eastern Oklahoma State College, I will utilize the following services available free of charge through Student Support Services:

\_\_\_\_\_ Tutoring \_\_\_\_\_ hours/day \_\_\_\_\_ days/week throughout the semester  
\_\_\_\_\_ Counseling \_\_\_\_\_ hours/day \_\_\_\_\_ days/week throughout the semester  
(Required) \_\_\_\_\_

I will enroll in a maximum of \_\_\_\_\_ hours this semester.

A personal letter of appeal is required. Please attach your letter to this form.

**Important**—Please be aware that this appeal form is for Academic use only. If you have a Financial Aid Suspension you wish to appeal, you must contact the Financial Aid office.

*I realize that if I fail to follow this Plan of Improvement, I will not be allowed to re-enroll at Eastern Oklahoma State College without first attending another college/university.*

Student \_\_\_\_\_ Date \_\_\_\_\_

---

For Office use only

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
Registrar \_\_\_\_\_ Date \_\_\_\_\_  
VPAA \_\_\_\_\_ Date \_\_\_\_\_  
Comments \_\_\_\_\_