IEP SUSPENSION APPEALS FORM

Name: _______________________________ Date: __________________________

Email: _______________________________ SEMO ID#: ______________________

Please explain why your attendance and/or grades have resulted in suspension from IEP.

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If this appeal is granted, what changes would you make to increase attendance and/or GPA and how?

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☐ Deny Appeal  ☐ Grant Appeal

Suspension Appeals Committee ________________________ Date ________________________

Comments: ________________________________

Date form was received: ______________________ Received by: ________________________