



The Williams Honors College Dismissal Appeal Form

Please complete and return to Dr. Wyszynski (wyszynski@uakron.edu). The request will be reviewed, and you may be contacted to meet with Dr. Wyszynski. This is a fillable PDF and should be completed digitally.

Please save as **"Your last name_student ID #"** using your information.

Student Name:

UA ID Number:

Cumulative GPA:

Major:

Semester you began at UA:

Academic Adviser:

What extenuating circumstances affected your performance and prevented you from meeting the minimum GPA requirement? (Note: please do not include any confidential health information.)

What concrete actions will you take over the next academic year that will enable you to return to good academic standing with the Williams Honors College? Please also state whether you will be on an internship or co-op experience in the upcoming year.

Student Signature:

Date: