



Coop/Internship Program Suspension Appeal Form

Term to request reinstatement: _____

Name: _____ **Student ID:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Phone: (____) _____**

Coop/Internship Employer: _____ **Supervisor:** _____

Reason for Dismissal (if applicable): _____

I feel that I have cause to appeal my suspension from the Coop/Internship program due to the reasons indicated below. (Be specific and complete. Additional paper may be used and attached.)

Also, attach a plan on how you intend to