

Student Name: _____

ID: _____

Date: _____

Appeal Term: _____

Program of Study: _____

I understand that the decision of the SOAP Appeals Committee is final, and I will accept the decision of the committee.

Student Signature

Date

Step One

Complete the “Application for Reinstatement to College of DuPage” form.

Step Two

Type and sign and appeal letter, including your Student ID# and explain the following:

- The circumstance(s) that prevented successful completion of coursework.
- The specific steps taken to resolve the circumstance(s) indicated.
- Explain how you will be successful now that you’ve made or will make changes.

Step Three

Provide supporting documentation which verifies the circumstance(s) you have indicated. (Examples: medical records, court documents, etc.)

Step Four

Print a Degree Audit from your myAccess account for your intended degree or certificate to use as you complete the following:

Step Five

Develop a student educational plan for the next two semesters for your degree or certificate, which details the required courses needed or those that need to be repeated to repair your academic record.

Step Six

Please turn in all documents from steps 1-5 with this form to:

College of DuPage, Counseling Department –
SSC 3200, 425 Fawell Blvd., Glen Ellyn, IL 60137
PHONE: (630) 942-2259
EMAIL: soap@cod.edu