APPEAL FORM

PLEASE PRINT CLEARLY

Name ____________________________________________________________        CIN
(Last) (First) (M.I.)

Term ______________   Phone ______________________   E-mail ____________________________________________________

Please state clearly the situation and the action you are requesting. The extenuating circumstance and/or serious and compelling reason for the petition must be clearly stated on the appeal. An appeal is not complete without appropriate request forms (Appeal Form, Drop Form, Non-Traditional Grade Request, Petition for Reinstatement, Request for Leave of Absence, etc. as appropriate) and official documentation to support statements made in appeal. Your signature and date is required.

NOTE: Incomplete appeal forms will result in a NO ACTION decision.

☐ Reinstatement   ☐ OTHER

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Student’s Signature ____________________________________________ Date ______________________

FOR REGISTRAR’S OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

ACTION TAKEN:
☐ GRANTED   ☐ GRADUATION   ☐ NO DOCUMENTATION   ☐ APPEAL TO RECORDS
☐ DENIED   ☐ RECORD SVCS   ☐ MEDICAL DOCUMENTATION
☐ NO ACTION   ☐ UNIV REGISTRAR   ☐ SUPPORTING DOCUMENTATION

By ____________________________ Date ____________________________
Comments: ______________________________________________________
________________________________________________________________________

SECOND REVIEW

ACTION TAKEN:
☐ GRANTED   ☐ GRADUATION   ☐ NO DOCUMENTATION   ☐ APPEAL TO RECORDS
☐ DENIED   ☐ RECORD SVCS   ☐ MEDICAL DOCUMENTATION
☐ NO ACTION   ☐ UNIV REGISTRAR   ☐ SUPPORTING DOCUMENTATION

By ____________________________ Date ____________________________
Comments: ______________________________________________________
________________________________________________________________________

ACTION FOR RECORDS:   ☐ SEND FOR GRADE(S)   TERM   ORDERED ON

Revise: 3/2012