GRADUATE APPEAL FORM

1. Complete the following information:

Name: _________________________________________________   Student ID#: ___________________

Last   First  Middle

Mailing Address: _________________________________________________________________________

Street City  State Zip

Home Phone: ________________________ Work Phone: ___________________________

Degree Objective: ___________   Major: ________________    Current Admission Category: ____________

2. The following documentation must be attached to the Appeal Form:

- A typed letter addressing the policy/policies that you wish to appeal and the reasons or justifications for the request.
- Appropriate documentation, such as test scores, transcripts, letter of recommendation, or medical records. Refer to the Graduate Catalog for more information.

Units from Each Academic Level Must Address the Appeal

Program Level Review [  ] Approve [  ] Deny
Recommendation/stipulation of the Program Coordinator (or Advisor):

Admissions Appeal: [  ]Regular [  ]Provisional Other Appeal: __________________________
Signature: ___________________________________________ Date: ________________

Department Level Review [  ] Approve [  ] Deny
Recommendation of the Department Head:

Admissions Appeal: [  ]Regular [  ]Provisional Other Appeal: [  ]Approve [  ]Deny
Signature: _______________________________ Date: ________________

College Level Review [  ] Approve [  ] Deny
Recommendation of the College Dean:

Admissions Appeal: [  ]Regular [  ]Provisional Other Appeal: [  ]Approve [  ]Deny
Signature: _______________________________ Date: ________________

FOR USE BY ACADEMIC AFFAIRS/Office of Admissions
Office of Admissions Processed (signature): ______________________________ Date: __________