

APPEAL FORM

Date Rec'd by Records

PLEASE PRINT CLEARLY

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

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** _____