

Graduate Appeal Form

Instructions: Please read the Graduate Appeal Procedure, approved March 19, 2013 before competing this form. Be sure to observe the time limits specified in the procedure. If the action being appealed occurred in your department, program, or school, you must complete the formal appeal process at program level before requesting consideration under this appeal procedure.

Name: _____ Student I.D. number: _____
Last, First Middle

Mailing Address: _____

Phone Number: _____ Academic Department: _____

The decision being appealed was rendered by:

Name of individual(s): _____ Department: _____

The date you received the decision you are appealing: _____

What was the result of the program-level appeal? _____

The date you received the result of the program-level appeal: _____

Please provide a short description of the decision you are appealing:

Please provide the names of the individual or individuals whose actions you are appealing:

Please state the grounds upon which the appeal is based (see Graduate Appeal Procedure, section II.C):

Please state the relief you are requesting:

Do you wish to make a formal appearance at the time your appeal will be considered?

Yes No

At any stage during this process, will counsel or other representative assist you? If so, please list the name, title, and contact information for that person.

Attach the written record produced by the formal appeal under the Graduate Program Academic Appeals Procedure.

Signature: _____ Date: _____