



APPEAL/PETITION FORM
School of Graduate & Professional Studies

INSTRUCTIONS

Prior to completing this form, please read carefully the stipulations governing *Admissions, Readmission Following Suspensions* or *Time Extension for Completing Degree Requirements* published in the Graduate Catalog. Provide complete and accurate information, and submit this form to your Academic Advisor/Program Coordinator. Incomplete and/or inaccurate forms will be returned to you without action.

A decision concerning your appeal will be rendered by the Dean of the Graduate School in consultation with the Graduate Council Appeals Committee. For Time Extensions, the decision of the Council is final. The Dean of the Graduate School will inform you of the decision.

SECTION I: Provide Contact Information

Name: _____ T# _____

Program of Study: _____ Degree Sought: _____

Current GPA: _____ *(Attached current graduate transcript to this form)*

Current Address: _____

Phone Number(s): Home _____ Mobile _____

Permanent E-Mail: _____

Date Filed: _____ Semester you desire to Enroll/Re-Enroll: _____

SECTION II: State Reason(s) for Appeal/Petition *(check one category below)*

- Admission Decision
- Readmission Following Suspension
- Retention in Degree Program
- Time Extension for Completing Degree Requirements for _____ semesters

Have you filed any Appeal/Petition prior to this one?

No Yes *(if yes, specify type of appeal)* _____

If suspended, is this your first or second academic suspension if appealing this action *(check*

one):

___ First Suspension / ___ Second Suspension (*specify*) _____ / ___ N/A

SECTION III: Explain below the reason(s) for your appeal/petition.

Please state all extenuating circumstances. Attach all appropriate supporting statements (such as reports from medical doctors) for verification of circumstances. Additional sheets may be attached.

If you are under **Academic Suspension**, and if readmitted, state your plans to meet the University retention standards and to improve your academic record. Additional sheets may be attached. (*Note: If you fail to maintain a minimum cumulative average of 3.0 during any semester after readmission, you will be dropped permanently from the Graduate School--refer to the Graduate Catalog for details*).

If requesting **Time Extension for Completing Degree Requirements**, explain how you plan to revalidate expired courses. Seek advice from your academic advisor. Specify how you will re-validate out-of-date courses (*Attach a plan for revalidating our-of-date courses. Discuss revalidation plan with your academic advisor prior to completing this section. Refer to the Graduate Catalog for course revalidation mechanisms*). Additional sheets may be attached.

SECTION IV: Signatures and Recommendations

Student's Signature _____

(I understand that the Dean and the Appeals Committee do not review incomplete and/or inaccurate information)

Advisor/Program Coordinator's Recommendation (check below):

I approve student's appeal I do not approve student's appeal

Briefly explain why you approve or disapprove student's appeal/petition (*explanation required*):

Is a revalidation program of study included with these documents? Yes No N/A

Name of Advisor/Program Coordinator: _____

Signature of Advisor/Program Coordinator: _____ Date _____

Department Chair's Recommendation (check below):

I approve student's appeal I do not approve student's appeal

Briefly explain why you approve or disapprove student's appeal/petition (*explanation required*)

Name of Department Chair: _____

Signature of Department Chair: _____ Date: _____

College Dean's Recommendation (check below):

I approve student's appeal I do not approve student's appeal

Comments:

Name of College Dean: _____

Signature of Dean: _____ Date: _____

Graduate Council Appeals Committee Recommendation (check below):

I approve student's appeal I do not approve student's appeal

Name of Appeal/Petition Committee Chair: _____

Signature of Committee Chair: _____ Date: _____

Comments:

Graduate Dean's Decision (check below):

I approve student's appeal I do not approve student's appeal

Comments:

Name of Graduate Dean _____

Signature of Graduate Dean: _____ Date: _____