



**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
- Stop the Clock
- Fresh Start

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 out-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: \_\_\_\_\_