Student Appeal Form

Academic Year: ___________________  Semester: ___________________
Name ___________________________  Student# _______________________
Phone# __________________________ Email Address: ____________________

What is the reason for your appeal? Please describe the situation/information in detail. Your appeal must include documentation for any extenuating circumstances. If necessary, use the back of this form for further explanation.

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Signature: ___________________________  Date: __/_____/_____

Staff use only

Staff received by: ___________________  Date: __/_____/_____

Staff reviewed by: ___________________  Date: __/_____/_____

Notes: ____________________________________________________________________