

*Appeals Application to the
Committee on Academic Standing*

Date: _____

GENERAL INFORMATION

Name: _____ SS No. _____
Address: _____
Telephone No: Day _____ Evening _____
Original Semester of Entry: _____
Dates of Previous Appeals: _____
Current Employment Status: Full-time _____ Part-time _____
Hours of Work _____

NATURE OF APPEAL (Check appropriate box)

- Reinstatement**
- Transfer to BS program**
- Grade Change / Course No: _____**
From: _____ To: _____
Semester: _____

(Both graduate and undergraduate grade changes with the approval of the instructor do not need to be appealed)

- Retroactive Withdrawal from Course(s) No: _____**
Semester(s) _____
- Extension of Time to Complete Degree: _____**
- Other (Please be specific): _____**

BASIS FOR REQUEST

Please clearly explain your request. We strongly recommend that you submit documentation supporting your appeal. Please attach your explanation. Appeals should not exceed 300 words. All Appeals should be typed (not handwritten) in order to be considered.