

Student Information:

(Last Name)	(First Name)	(Middle Initial)	(Student ID#)
	(E-Mail)	(Phone #)	
Degree:	Major:		

Synopsis of Problem/Issue (If more space is needed, feel free to attach another page):

Preferred Outcome (What would you like to see happen as a result of this appeal):

Offices/Person involved in Complaint (Academic Advisor, Student Accounts, Financial Aid, Registrar, Professor etc.):

NOTE: You must send in any supporting documentation related to your complaint. If you are submitting this appeal due to medical reasons we will need to have medical documentation from your doctor verifying how your courses have been affected as a result as well as dates that you have been affected. If you are military and your appeal is due to deployment or training, then please attach a copy of your orders or a letter from your Commander.

Student Signature/ Type Name:

Date:

INTERNAL USE ONLY

Decision: _____

Decision/Rationale:

Signature/Type Name

Date

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