

*Provide student information here:*

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

*To be filled out by student:*

<b>(Course #)</b>	<b>(Course Name)</b>	<b>(Section #)</b>
<b>Term (ie: 200920B)</b>	<b>Instructors Name</b>	
I have attempted to resolve this matter with my professor: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Briefly state the reason for this appeal and explain desired outcome (100 words or less):		

*Student Signature/ Type Name:*

*Date:*

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**INTERNAL USE ONLY**

Decision: Chair/Program Director (Online or Residential)

**Decision/Rationale:**

**Signature/Type Name**

**Date**

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Decision: Associate Dean/Dean or Academic Director (Online or Residential)

**Decision/Rationale:**

**Signature/Type Name**

**Date**

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Decision: Online Academic Dean/Dean of Academic Administration for the Graduate School

**Decision/Rationale:**

**Signature/Type Name**

**Date**

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