Instructions:

1. Complete the form justifying your reasons for appealing. Please include as much information as possible, including dates, and any documentation you have that supports your claim. Be specific about what you are requesting. The more information you provide the better. Failure to provide a written statement and/or documentation may affect your decision. Return all material to the Student Services Center.

2. Your request will be processed in the order it is received. **Allow at least one week for processing.**

3. The decision and any correspondence will be emailed to the email address you provide. If you do not have an email address, please provide a mailing address in your appeal.

4. The appeal will be reviewed by the Assistant Registrar. If approved by the Assistant Registrar, the appeal will go to the Registrar for final approval. If denied by the Assistant Registrar, a second appeal must be filled out in order for the Registrar to review.

Important Notes:

1. If you are requesting to drop/withdraw a course after the deadline, please be aware that never attending a course, not being aware of the drop date, and thinking that you attempted to drop a course are not justifications that are automatically approved. The student computer system tracks and records all efforts to drop courses.

2. Approval of your request may affect your financial aid and scholarship eligibility for the current term, as well as, future terms. In addition, it may result in a payment due to the institution. Payment may be required before the approved appeal can be processed. Please consult with the Financial Aid before you submit this form.

3. This form is not to be used for SAP (Satisfactory Academic Progress) appeals. If you have not met your SAP for financial aid, you must complete the SAP appeal form.

4. This form is not be used for grade appeals. If you are disputing a grade you received from a professor, an appeal must be submitted to the appropriate Provost.

Student Information:

Student Name_________________________  ID Number_________________________

Email______________________________________________________________

- By signing the form, I am verifying that all information submitted with the form is true and accurate.

Signature__________________________________________ Date__________________

Appeal Information:

Fall_________  Spring_________  Summer_________  Year:____________________
Please state below all of the information that is relevant to the appeal. Any additional documents may be added in addition to this form. Please be as clear and detailed as possible. Use additional paper, if needed.

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For Office Use Only

☐ Approved
Reason for Approval

Signature of Assistant Registrar Date

Signature of Registrar Date

☐ Denied
Reason for Denial

Signature of Assistant Registrar Date