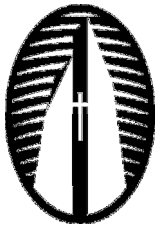

Academic Appeal Form

Name _____ Date _____

Phone (_____) _____ Box # _____

Expected Graduation Date/Year_____

~ ~

A. I am appealing a(n) _____ grade

_____academic discipline

for: class _____

professor _____

B. Description of action being appealed:

C. Description of rationale for appeal (attach any supporting documentation and/or additional pages)

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For Academic Affairs only Date received_____

D. Action taken:

8/04