

# ACADEMIC STANDING APPEAL FORM

**THIS FORM REPRESENTS THE ACADEMIC APPEAL PROCESS IN ITS ENTIRETY. THE AUTHORIZED SIGNATURES AT EACH LEVEL BELOW, AND ONLY THESE SIGNATURES, MUST BE OBTAINED IN ORDER TO COMPLETE THE PROCESSING OF APPEALS.**

STUDENT'S NAME \_\_\_\_\_ STUDENT'S SIGNATURE \_\_\_\_\_ STUDENT ID NO. \_\_\_\_\_ STUDENT'S TELEPHONE NO. \_\_\_\_\_ DATE SUBMITTED \_\_\_\_\_  
 SEMESTER/TERM FOR WHICH APPEAL IS MADE: \_\_\_\_\_ TO STUDENT SUPPORT MANAGER

NATURE OF APPEAL       APPEAL OF ACADEMIC DISMISSAL       APPEAL OF ACADEMIC SUSPENSION       READMISSION FROM ACADEMIC SUSPENSION

The following documents must be attached to this form (to be checked by Student Support Manager):

- Letter from student describing reasons why appeal should be considered     
  Documentation to support student's letter     
  Student's most recent transcript (from Registrar) showing past academic appeals record

## I. STUDENT SUPPORT MANAGER

<b>STUDENT SUPPORT MANAGER'S RECOMMENDATION</b>	<input type="checkbox"/> <b>ACCEPT APPEAL</b> SIGNATURE & DATE: _____	<input type="checkbox"/> <b>DENY APPEAL</b> SIGNATURE & DATE: _____
<b>BASIS FOR RECOMMENDATION; CONDITIONS (IF ANY)</b>	<small>USE ADDITIONAL SPACE ON P. 2 IF NEEDED</small>	

## II. ACADEMIC UNIT HEAD (DEAN OR DESIGNATED CHAIR)

<b>ACADEMIC UNIT HEAD'S DECISION</b>	<input type="checkbox"/> <b>ACCEPT APPEAL</b> SIGNATURE & DATE: _____	<input type="checkbox"/> <b>DENY APPEAL</b> SIGNATURE & DATE: _____
<b>BASIS FOR DECISION; CONDITIONS (IF ANY)</b>	<small>USE ADDITIONAL SPACE ON P. 2 IF NEEDED</small>	

## III. PROVOST & CAO

<b>PROVOST'S RATIFICATION</b>	<input type="checkbox"/> <b>ACADEMIC UNIT'S DECISION IS RATIFIED</b>  SIGNATURE & DATE: _____	<input type="checkbox"/> <b>ACADEMIC UNIT'S DECISION IS NOT RATIFIED; APPEAL IS</b> <input type="checkbox"/> <b>ACCEPTED</b> <input type="checkbox"/> <b>DENIED</b> SIGNATURE & DATE: _____
<b>BASIS FOR DECISION; CONDITIONS (IF ANY)</b>	<small>USE ADDITIONAL SPACE ON P. 2 IF NEEDED</small>	

# ACADEMIC STANDING APPEAL FORM (CONT'D)

\_\_\_\_\_  
**STUDENT'S NAME**

\_\_\_\_\_  
**STUDENT ID NO.**

-THE PROVOST'S OFFICE WILL KEEP A COPY OF THE FORM, SIGNED AND DATED BY THE ABOVE OFFICERS.

-THE ORIGINAL FORM WILL BE SENT TO THE REGISTRAR FOR FILING IN THE STUDENT FILE.

-THE REGISTRAR WILL NOTIFY THE STUDENT OF THE DECISION.

**STUDENT NOTIFIED ON:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

-THE STUDENT MAY APPEAL THE DECISION ONLY TO THE PRESIDENT WITHIN THE TIME LIMIT SET IN THE CATALOG.

-THE PRESIDENT WILL REVIEW THIS FORM AND ACCOMPANYING DOCUMENTATION FOR EVERY APPEAL RECEIVED,

AND WILL NOTIFY THE STUDENT OF THE OUTCOME OF THE APPEAL.

-PRESIDENT'S DECISION IN CASE OF APPEAL (USE SPACE ON P. 2 IF NEEDED):

**APPEAL ACCEPTED**     **APPEAL DENIED**    **SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

-THE PROVOST'S DECISION—UNLESS APPEALED TO THE PRESIDENT—AND THE PRESIDENT'S DECISION IN THE LATTER CASE ARE FINAL AND CANNOT BE FURTHER APPEALED OR ALTERED.

## I. STUDENT SUPPORT MANAGER

<b>BASIS FOR RECOMMENDATION; CONDITIONS (IF ANY)</b>	
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## II. ACADEMIC UNIT HEAD (DEAN OR DESIGNATED CHAIR)

<b>BASIS FOR DECISION; CONDITIONS (IF ANY)</b>	
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## III. PROVOST & CAO

<b>BASIS FOR DECISION; CONDITIONS (IF ANY)</b>	
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## IV. PRESIDENT (IN CASE OF FINAL APPEAL BY STUDENT)

<b>BASIS FOR DECISION; CONDITIONS (IF ANY)</b>	
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