



## Graduate Studies Appeal Form

### I. Contact information

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone Numbers \_\_\_\_\_  
Home Work Cell

Email address \_\_\_\_\_

Academic Program \_\_\_\_\_

### II. Appeal

**Appeals must be filed within 30 calendar days after the student is aware of the complaint.**

An appeal meets one or more of the following objectives:

- To bring new information that might not have been available or previously considered.
- To protest a procedural error or inconsistency in the appeal process.
- To question the appropriateness of a decision.

To complete the appeal process

1. Review the objectives above and write a letter that states clearly in the opening paragraph the reason(s) you believe an appeal is warranted. Use the following paragraph(s) to expand or support the reason(s).
2. Attach any documentation (e.g. letter from a medical professional) that may be supportive.
3. Indicate on this form whether or not you wish to be present at the appeal hearing if it is granted, and whether or not you wish to have someone present with you. Please note that you will need to comply with the appeal hearing time that is set.

\_\_\_ I plan to be present for the appeal hearing if granted.

\_\_\_ I plan to have someone present with me at the appeal hearing if granted.

Submit appeals to the Vice President for Academics.

After you submit this appeal form, you will receive notice of whether or not your appeal will be heard and the date and time of the hearing.