

Graduate School Appeals Form

Student Name: _____ Email: _____
Address: _____ City: _____ State: _____
Postal Code: _____ Country: _____
Program of Study: _____ Advisor: _____
Faculty Member, Program, or Committee Involved in this Appeal:

Appeal Type: (check all that apply):

- | | |
|----------------------------------|---|
| Course Grade | Academic Dishonesty Allegation or Penalty |
| Graduate School Dismissal | Program Dismissal |
| Comprehensive Examination | Professional Disposition Decision |
| Thesis/Field Study Final Defense | Reentry Decision |
| Admission Decision | |

Appeal Statement: (briefly describe the basis for your appeal)

Supporting Documentation: Attach all documentation to support your appeal as email attachments or in hard copy stapled to this form. For a grade appeal, please attach the syllabus for the course.

Department Chair: (attach documentation and written response)
Date Received: _____

Date: _____
Signature: _____

Graduate Dean: (attach documentation and written response)
Date Received: _____

Date: _____
Signature: _____

Provost: (attach documentation and written response)
Date Received: _____

Date: _____
Signature: _____