

Part I – To be completed by the student and returned to Academic Affairs

Student Name: _____ ID# _____

Address: _____

City/State/Zip: _____

Phone #: _____ Program Major 1: _____

Email: _____ Program Major 2 (if applicable): _____

Advisor: _____

Course: _____ Credits: _____

College where course was offered: _____

Rationale for the appeal: _____

*Please attach all supporting documentation to this form i.e. course outlines/outcomes

Student Signature: _____ Date: _____

Part II – Initial Review (Faculty)

Initial Faculty Review Completed by: _____

Part III – To be completed by Academic Affairs

Appeal Approved: _____ Appeal Denied: _____ Date: _____

Dean of Academic Affairs Signature: _____

For office use only

Date entered on DARS: _____ by _____