Graduate Appeal Procedure Form

Instructions: Please read the Graduate Appeal Procedure, dated April 27, 1998, before completing this form. Be sure to observe the time limits specified in the procedure. If the action being appealed occurred in your department, school, or graduate group, you must complete the informal or formal appeal process at the unit level before requesting consideration under this appeal procedure.

Name: ___________________________ Student I.D. number: ___________

Last               First                M.I.

Mailing address: ______________________________________________________

Phone number: ( ) ___________ Academic department: _______________________

The decision being appealed was rendered by:

Name of individual: ___________________________ Department: ________________

The date you received the decision: _______________________________________

What was the result of the unit level appeal? _________________________________

_________________________________________________________________

_________________________________________________________________

The date you received the result of the unit level appeal: ______________________

Please provide a short description of the decision you are appealing under the Graduate Appeal Procedure:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

(continued on next page)
Please provide the names of the individuals whose actions you are appealing:

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Please state the grounds upon which the appeal is based (see Graduate Appeal Procedure, section II.B.):

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Please state the relief you are requesting:

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Do you wish to make a formal appearance at the time your appeal will be considered? ☐ Yes ☐ No

If you answered “yes,” will you be assisted by counsel or other representative? If so, what is the name and title of that person?

Name: ___________________________________________ Title: _________________________________

If you answered “no,” will you be represented by counsel or other representative? If so, what is the name and title of that person?

Name: ___________________________________________ Title: _________________________________

Please submit any additional background information that will be beneficial in resolving your appeal.

Signature: ___________________________________________ Date: ___________________________