

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: _____