

## **ACADEMIC APPEAL PETITION**

Please Print			
Today's Date:	Petition Request For		/
Name:		G #:	
First Name Last nam	ne		
Email:		Phone #: () _	
<ul> <li>Submit this petition along with any supporting documentation to the Admissions &amp; Records Office.</li> <li>Your petition will be reviewed by the Academic Appeals Committee.</li> <li>A copy will be returned to you (by US Mail) indicating approval or denial, and the reasons and/or the limitations imposed by the Academic Appeals Committee.</li> <li>Approval of this petition has no bearing on any decisions made regarding financial aid.</li> <li>What is the specific and action you wish the Committee to consider? (Use a separate sheet if necessary)</li> </ul>			
Student's Signature To be completed by Academic Appeals Comm	nittee	Date	
Petition is: Approved Denied Rationale:	Additional Infor	mation Needed	
<del></del>			
Chair, Academic Appeals Committee			Date