Undergraduate Graduation, and Academic Credit Appeals Petition

Name (Last Name, First Name, Middle Initial)

Major

College

___ Agriculture

___ Neil Griffin Business

___ Education & Behavioral Science

___ Engineering & Computer Science

___ Liberal Arts & Communication

___ Nursing & Health Professions

___ Sciences & Mathematics

___ Undergraduate Studies

Reason for Petition*

___ Suspension (returning term waive required time out)

___ Late drop/Withdrawal Term:

Student must document faculty notification for each course (see example below.) Include additional courses on a separate sheet of paper.

Example: ACCT 2003 _____
Course (Faculty signature here)

_____ _____
Course (Faculty signature here)

___ Upper Level Credit Issue

___ Other(Please give brief description) _____

***All supporting documentation (pertinent emails, medical records, etc.) should be attached to this petition along with a clear and detailed letter of explanation. Student is also required to provide a copy of his/her transcript along with the completed petition form. It is highly recommended that the student attend the scheduled Undergraduate Graduation, and Academic Credit Appeals Committee meeting.**

Campus ID Number

Phone Number

Are you receiving or have you received VA benefits? ___ Yes ___ No

Are you receiving or have you received Financial Aid? ___ Yes ___ No

Are you currently or have you been a Student Athlete? ___ Yes ___ No

Permanent Mailing Address (Street/Box/Apt)

City | State | Zip Code | Country

University Email Address (Use if currently enrolled)

Personal Email Address (Use if not currently enrolled)

Student Signature: _____ Date: _____

Advisor Signature ***(Required)***: _____ Date: _____

College Undergraduate Admission, Graduation, and Academic Appeals Committee Action:

Comments: _____

College Recommendation:

___ Approve

___ Deny

___ Other _____

College Committee Chair's Signature: _____ Date: _____

This section must be completed before the appeal can be placed on the University Committee Agenda.

University Undergraduate Admission, Graduation, and Academic Appeals Committee Action:

Comments: _____

College Recommendation:

___ Approve

___ Deny

___ Other _____

University Committee Chair's Signature: _____ Date: _____