

Name: _____
LAST FIRST MI

Address: _____
NUMBER AND STREET (Physical Address Only, No P.O. Boxes)

CITY STATE ZIP HOME PHONE

Student ID: _____ Certificate/Degree you are seeking: _____

Student instructions for completing this appeal:

1. Meet with an advisor and complete a graduation plan detailing exactly how many additional credits it will take you to graduate.
2. Submit a written explanation of your circumstances and why you deserve an extension. Include a detailed explanation of when and why your original graduation plan changed.
3. Complete the top portion and submit this form, the graduation plan and written explanation of your circumstances along with any other documentation you think will be helpful to the committee.
4. Allow up to 4 weeks for completion of appeal (appeals committee meets once per month).

For Office Use Only

Credit Evaluation

Previous Suspension: _____

Current Credits - _____

Additional Needed - _____

Total - _____

____ Approved ____ Denied
Explanation of decision: _____

Signature: _____
(committee member)

____ Approved ____ Denied
Explanation of decision: _____

Signature: _____
(committee member)

____ Approved ____ Denied
Explanation of decision: _____

Signature: _____
(committee member)