Undergraduate Graduation, and Academic Credit Appeals Petition

Name (Last Name, First Name, Middle Initial)			Major	
College Agriculture, Engineering, & Technology Business Education & Behavioral Science Liberal Arts & Communication Nursing & Health Professions	Suspension (Late drop/Wi Student must additional cou Example:	(returning term (returning term thdrawal <i>t document faculty no</i> <i>urses on a separate s</i> <u>ACCT 2003</u> Course	after time out) waive required time out) Term: notification for each course (see example below.) Include e sheet of paper. (Faculty signature here) (Faculty signature here)	
Sciences & Mathematics Undergraduate Studies	Upper Level (Other(Please		n)	
*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 Stude	Yes	No		
Permanent Mailing Address (Street/Box/Apt)				
City State	e	Zip Code	Country	
University Email Address (Use if currently enrolled) Personal Email Address (Use if not currently enrolled)				
Student Signature: Advisor Signature (<i>Required</i>):		Date: Date:		
College Undergraduate Admission, Graduation, and Academic Appeals Committee Action: College Recommendation: Comments:				
University Undergraduate Admission, Graduation, and Academic Appeals Committee Action: Comments:				College Recommendation: Approve Deny Other
University Committee Chair's Signature:				 Date: