Academic Policy Appeal

DATE: ___________________  ID# ____________

NAME: ___________________  MAJOR: ___________________

How best to get in touch (email or cell #): ________________________________

This appeal is to:
   ___ Add/Drop a course after the deadline
   ___ Withdraw from a course after the deadline (the course will remain on your transcript)
   ___ Other (describe): ___________________________________

Specify Course (number, section, title): ________________________________

Semester: ___________  Year: ___________

Explanation: Please provide content on why this warrants an exception from this policy. Attach supporting documents if you need more space:

________________________________________________________________________

Signature: ___________________________  Date ______________

Signature: ___________________________  Date ______________
(Acknowledgement and/or support from Advisor)

Signature: ___________________________  Date ______________
Department Chairperson

________________________________________________________________________

Date Received: ________________  Date Email to Student: ________________

Registrar decision: ___________________________________________________________________________