K. ACADEMIC APPEALS ROUTING

SECTION 1

Name: _____ Student ID _____

Student's program/department: _____ Date:

_____

Level of Appeal: Course (I) _____ Department (II) _____ School (III) _____

Basis of Appeal: Procedural irregularity _____

Compelling non-academic reasons _____

Policy/Standard being appealed: _____

Synopsis of Student's Justification _____

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Program/'s/Department's Recommendation: Uphold appeal Deny appeal

Synopsis of Program's/Department's Justification _____

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Program Director/Department Chair's Signature: _____ Date: _____

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SECTION 2

SHHS Appeals Committee Members: (I) _____ (2). _____ (3) _____

Recommendation: Uphold program's/department's decision Override program's/department's decision

Synopsis of Committee's Justification _____

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Committee Chairperson's Signature: _____Date: _____

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