



COLLEGE OF GRADUATE STUDIES

GRADUATE ACADEMIC APPEALS FORM

Instructions: Complete the required fields below. Along with this form, include a detailed document stating the reason(s) for your appeal along with any supporting documentation. Be specific and complete.

Graduate Student Information:			
Last Name:	First Name:	MI:	
Banner ID #:	Telephone #:		
Street Address:	City:	State:	Zip:
APSU e-mail address:			

IMPORTANT NOTE: Student may request supporting documentation from current academic program. Documentation may be submitted to the Graduate Office under separate cover.

Academic Status:	
Program:	Concentration (if applicable):
Effective term of suspension:	Semester you desire to enroll:
Reason for appeal: <input type="checkbox"/> Readmission Following Suspension <input type="checkbox"/> Readmission In Lieu of Suspension <input type="checkbox"/> Time Extension for Completing Degree Requirements <input type="checkbox"/> Other (provide explanation):	
Have you appealed prior to this request? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify type of appeal:	

Signature: _____ Date: _____

Please submit entire form and requested documentation to:

The College of Graduate Studies c/o Graduate Appeal Committee
 Kimbrough Room 203 - P. O. Box 4458 - Clarksville, TN 37044 - Fax: (931) 221-7641

**** APSU PERSONNEL ONLY ****

Chair/ Director/ Graduate Coordinator of Student's Current Academic Department

Recommend Approval

Comments:

Do not Recommend Approval

Comments:

Name (print or type):

Signature:

Title:

Date:

Graduate Appeals Committee

Approved

Stipulations of approval:

Not Approved

Justification:

**GRC Appeals Committee Representative
Name (print or type):**

Signature:

Date:

Graduate Dean's Signature: _____ **Date:** _____

NOTE: After all actions are completed, copies of this form will be sent to the Office of the Registrar, graduate student and the chair/director/graduate coordinator of the student's academic department.