

Instructions: Complete the required fields below. **Include a detailed document stating the reason(s) for your appeal, along with any supporting documentation, and attach it to this form.** Be specific and complete. This appeal form must be received no later than 14 days before the beginning of the intended semester of return. If received after the 14th day, consideration will be granted for the following semester.

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

IMPORTANT NOTE: The student's appeal will be presented to the academic department for a recommendation of the request. The supporting documentation will then be presented to the Graduate Academic Appeals committee for the final decision. The student will be notified of appeal decision via email.

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"/> 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 Academic Appeals Committee
 P.O. Box 4458, Clarksville, TN 37044
 Fax to (931)221-7641 or Email to gradstudies@apsu.edu