



Admissions Appeals Committee
Letter of Appeal

Last Name	First Name	MI	Student ID Number
()	E-mail Address		
Contact Number		E-mail Address	

Mailing Address	City	State	Zip
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Applying/Re-Applying: Summer 20__ Fall 20__ Spring 20__

Submit the completed form along with your appeal letter. In your letter of appeal, please explain the circumstances which may have affected your academic success at this institution or your previous institution and attach appropriate documentation. **Failure to provide such documentation will prevent a review of your appeal.** Indicate how these circumstances have changed for your success in the future. Medical circumstances must be documented with a statement from your physician.

Reason for Appeal:

- | | |
|--|--|
| <input type="checkbox"/> Illness or accident
<input type="checkbox"/> Military duty
<input type="checkbox"/> Required to relocate
<input type="checkbox"/> Incarceration
<input type="checkbox"/> Death of immediate family member | <input type="checkbox"/> Loss of childcare
<input type="checkbox"/> Loss of employment
<input type="checkbox"/> Birth or adoption of child
<input type="checkbox"/> Marriage or divorce |
| <input type="checkbox"/> Other _____ | |

NOTE: Supporting documentation (e.g. letters from employers, doctor’s notes or certification, receipts, court summons, military orders, etc.) must be attached to the appeal form to verify that one of the above extenuating circumstances led to academic performance.

Student’s Signature	Date
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