

The University of Findlay Student Academic Standards Committee

Course Registration Change Appeal Form

Name: _____ ID: _____

Email Address: _____ Phone: _____

Program(s) of Study: _____ Advisor: _____

For your appeal to be reviewed by the Committee, please submit the following:

Student Statement (**Required**) – Use the space provided on page 2 or attach a separate document.

- Explain the action you seek from the Committee.
- Explain why your situation justifies an exception to the regular course registration policies (please refer to the Academic Catalog for the complete policy).
- If you are requesting to Drop/Withdraw from certain courses, explain why you would like to Drop/Withdraw from those particular courses.
- If you are requesting to Drop/Withdraw due to a medical problem, include a supporting statement from your physician.
- Include any other information supporting your appeal.

Faculty Advisor Statement, signed and dated (**Required**)

Instructor Statement, signed and dated (**Required**)

- Include information regarding the student's attendance/participation in the course.
- If requesting to Drop/Withdraw course(s), only the student's last date of attendance and participation are required.

NOTE: The Committee may request additional information from any involved party during the review of the appeal.

_____ Student Signature	_____ Date
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Appeals will not be reviewed by the Committee until this form and all required components have been received by the Office of the Registrar (registrar@findlay.edu).

Student Statement