

# The University of Findlay Student Academic Standards Committee

## General Appeal Form

Name: \_\_\_\_\_ ID: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Program(s) of Study: \_\_\_\_\_ Advisor: \_\_\_\_\_

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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 policy (please refer to the Academic Catalog for all University policies).
- If you are appealing 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**)

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](mailto:registrar@findlay.edu)).

Student Statement