

GENERAL APPEAL FORM (Page 1 of 2)

The University of Findlay Student Academic Standards Committee

PLEASE PRINT CLEARLY!

Name \_\_\_\_\_ ID# \_\_\_\_\_

Email \_\_\_\_\_

Local Address \_\_\_\_\_ Phone \_\_\_\_\_

Street/Apartment

City/State/Zip Code

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Street/Apartment

City/State/Zip Code

Major \_\_\_\_\_ Adviser \_\_\_\_\_

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Your request and reason for appeal. Provide answers/information based on the following. If more space is needed, attach additional pages.

- a. What action do you seek from the Committee?
- b. Why does your situation justify an exception to the regular procedures or policies?
- c. If you are appealing due to a medical problem, please include a supporting statement from your physician.
- d. Please review the current Catalog and other pertinent University documents pertaining to your appeal.
- e. Please include any other information supporting your appeal.
- f. At any time during the review process, the Committee may request additional information from the parties involved in the petition.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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FACULTY ADVISER SUPPORTING STATEMENT – ATTACH ADDITIONAL PAGES IF NEEDED.

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Adviser Signature

Date

Revised 9/2/14