

Please complete the form in its entirety and as detailed as possible.

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Program:** \_\_\_\_\_

Please accept this as my appeal to attempt an additional retake of \_\_\_\_\_.

The circumstances that led to my unsatisfactory academic progress include:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My personal circumstances have changed and will result in the improvement of my academic situation if granted an additional retake. They include:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Name

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

*Office Use Only:*

**Committee Members:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Member Vote:**

- Yes  No
- Yes  No
- Yes  No

\_\_\_\_ **Appeal granted**

\_\_\_\_ **Appeal denied**

Reason for decision (must be completed; please print):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any conditions that may apply (please print):

Committee Chairperson Signature: \_\_\_\_\_

Date: \_\_\_\_\_