

STUDENT APPEAL FOR ADDITIONAL RETAKE

(PLEASE PRINT NEATLY)

PLEASE COMPLETE THE INFORMATION BELOW (*Required Fields):

Date*: _____ **E-Mail:** _____

Name*: _____ **Phone Number*:** _____

Program*: _____

Please accept this as my appeal to attempt an additional retake of _____.
(Course name and Code)

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:

Member Vote:

1. _____

Yes No

2. _____

Yes No

3. _____

Yes No

To be completed by Academic Appeals Committee Chairperson:

____ **Appeal granted**

____ **Appeal denied**

Reason: _____

Committee Chairperson Signature: _____ **Date:** _____