



ACADEMIC REVIEW BOARD APPEAL

Date _____ Program: UG GR Other _____

Name _____ ID# _____

Address _____

City/State/Zip _____ Phone# _____

Appeal request for which term? _____

Appeal request: _____

Please state the nature of your appeal and outline any relevant details. Be sure to include specific dates, names, and other pertinent information, and include all supporting documents. Feel free to continue on the other side if necessary. Please note that decisions of the Academic Review Board are final.

Signature _____ Date _____

Board Decision _____ Review Date _____