

of the email notice to the student of the dismissal.

The student should complete this form and provide it to their Graduate Program Coordinator to route through DocuSign for further review by their Department Head, the Dean or Associate Dean, and Graduate Schipothis order.

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APPEAL TIMELINE

The dismissal appeal processist begin within 30 calendadaysafter the student receives email notification of the dismissal. Once the student emails the dismissal appeal along with all required support documents to the Program Coordinator, the Program Coordinator, Department Head, and Dean or Associate Department Head, and Dean or

NAME <u>:</u>	DATE <u>:</u>					
VSUE-mail Address:						
STUDENT ID# <u>870</u> -	MAJOR <u>:</u>					
ADVISOR:	DEPARTMEN <u>T:</u>					
BREIFLY EXPLAIN REASON FOR APPEAL (attach sudpoportineonts):						

The Dismissal appeal must be reviewed and a decision made at each of the following levels:
Program Coordinator DateReceived:
Date of Decision:
ApproveAppealDeny Appeal
Rationale(includeanystipulations):
Signature
Department Head DateReceived:
Date of Decision:45 521.47 T5 5214.45 5aT 1 Tf 0 Tc 0 Tw 0 Ts 100 Tz 0 Tr 1

STUDENT:

decision on the appeal and notify all parties of the disposition of the appethin one week. If no satisfactory resolution of the appeal has been reached at this point, the student has the right to appeal to the Provost & Vice President of Academic Affairs. Such an appeal must be provided in letter form to the Office of the Prost & Vice President for Academic Affairs no later than thirty (30) calendar days after the student has received the decision of the Associate Provost.

DATE REVIEWED BY Athericate Provost Submit to Graduate Appea@ommitte YesNo If yes, CommitteMembers:	ee?	
Chair- Name/Department: Name/Department: Name/Department		
HearingDate:	DecisionDate:	