

# Academic Appeals Form ACADEMIC BANKRUPTCY

Registrar Staff sign and date this form: \_\_\_\_\_  
Signature Date

Fill- In Information Below:

Student Name \_\_\_\_\_ CWID: \_\_\_\_\_

OFFICE OF THE REGISTRAR Home Address \_\_\_\_\_  
Street City State Zip  
Phone: 5025976340 Home Phone(\_\_\_\_) \_\_\_\_\_ Advisor: \_\_\_\_\_  
Fax: 5025976239

The Academic Appeals Committee can best contact me at the following address:

Local Address \_\_\_\_\_  
Street City State p Zi Phone

Term(s) for Academic Bankruptcy Request \_\_\_\_\_

Attach a letter from you. Write the committee a letter explaining exactly what difficulty you experienced that led to your request for academic bankruptcy. Tell the committee why your appeal should be granted. All committee records are confidential. Be sure to sign your letter.

Provide DOCUMENTATION: For example, if you had medical or legal difficulties, include something on official stationery from your doctor or lawyer. Letters on official stationery and or photocopies of official documents are best. In many cases, the committee CANNOT grant your appeal unless you provide documentation to support your appeal.

Letter from your advisor (optional): Ask your advisor to write a letter to support your appeal and send it to Dr. David Benders in Exum 26. If your advisor is not available, find your advisor's chairperson or dean and ask him/her to review your appeal. Although not required, such a letter may improve your chances of having your appeal granted.

Turn in your complete-0011>Tj /TT0 9.96 ofr comple-0011>Tra8