

University of Arkansas-Monticello (UAM)
Graduate Studies Appeal of Academic Policy Form

Student _____ SSN _____ Date _____

Major _____ Advisor _____

Mailing Address _____ Phone/Email _____

Advisor should attach (if applicable): Course Name, Number; Catalog Description; Program of Study; Copy of Transcript(s)

Please check all that apply.

The purpose of this petition is:

- | | |
|---------------------------------------|----------------------------------|
| _____ Appeal of Grade(s) | _____ School Admissions Criteria |
| _____ Academic Conduct Code Dismissal | _____ Course Expiration Date |
| _____ Transfer of Credit | _____ Course Load Maximum |
| _____ Other _____ | |

Please attach a word-processed letter which includes a detailed explanation of your reason for this petition, as well as any additional information you would like Graduate Council to consider while reviewing your petition.

I understand that the UAM Graduate Council's decision is the final step in the petition process.

Student Signature _____
Date

Advisor Signature _____
Date

Advisor Recommendation Approve Not Approve No Recommendation

Dean's Signature _____
Date

ACTION BY GRADUATE COUNCIL

_____ Approve the petition: _____

_____ Deny the petition. _____

Vice Chancellor for Academic Affairs/Graduate Dean _____
Date