For consideration, this form and supporting documentation must be submitted two weeks prior to the start of classes during your first term or semester.

University of Arkansas at Monticello

DEGREE PATHWAYS REQUEST FOR RECONSIDERATION

Student Name:		ease check all that
Student ID #: apply. I am requesting		
Phone No. where best to reach you	pr	enter the following ogram: Technical Certificate Associate Degree
Mailing Address:		Bachelor Degree
City, State, Zip Cod		
Desired Major/Placement:		
Do you have new scores to s If yes, attach a copy of y	ubmit? YES NO your new placement score sheet.	
declare a higher level certifice Your letter should include your letter should be a should include your letter should be a sho	including a detailed explanation of ate/degree program than your init ur goals for college, your goals b in the academic program you ha	ial placement scores indicate. eyond college, and why you
You may be required to atten to be decided.	d a Degree Pathways Appeals Co	mmittee meeting for your request
letter (Page 2) to the Office o	g this completed form, new test so f Academic Affairs (Administrati c Crossett or McGehee (administrations of the control of t	on Building/Monticello) or the
Office of Academic Affairs University of AR at Monticello P. O. Box 3478/346 University Drive Monticello, AR 71656	Assistant Vice Chancellor UAM College of TechnologyMcGehee P. O. Box 747/1609 East Ash McGehee, AR 71654	Assistant Vice Chancellor UAM College of TechnologyCrossett 1326 Hwy. 52 West Crossett, AR 71635
	vay Appeals Committee's decising the release of any and all inform the Committee.	<u>-</u>
Student Signature		Date

What past experiences and achievements can you share to support your belief that you can be successful in the program/major you've chosen (i.e. grades, improved test scores, etc.) <i>Please provide a letter (below) for your response.</i>		