University of Arkansas-Monticello (UAM)

Graduate Studies Appeal of Academic Policy Form

Student_____ Student ID_____Date_____

Major_____Advisor_____

Mailing Address_____Phone/Email _____

Please attach a word-processed letter which includes a detailed explanation of your reason for this petition, as well as all additional information you would like Graduate Council to consider while reviewing your petition. Additional information can include but is not limited to faculty letters of support, transcripts, and course grades.

Please check all that apply.

The purpose of this petition is:

_____Readmission to Graduate Program _____Course Expiration Date

_____Transfer of Credit Above 9 Hours _____Academic Conduct Code Dismissal

_____Other_____

☐ I will appear before the Graduate Council ☐ I will not appear before the Graduate Council

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

_____

Student's Signature Date

_____

Advisor's Signature Date

Advisor's Recommendation ☐ Approve ☐ Not Approve ☐ Approved With Conditions

_____

Dean's Signature Date

Dean's Recommendation ☐ Approve ☐ Not Approve ☐ Approved With Conditions

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ACTION BY GRADUATE COUNCIL

_____Approve the petition: _____

_____

_____Deny the petition: _____

_____

_____ _____

Vice Chancellor for Academic Affairs/Graduate Dean Date

Copy sent to: Registrar, Appropriate School Dean

VCAA Revised: Spring 2018