

d, 'Z h d ^ ,KK> { s > K^d ^d d
UNIVERSITY DISMISSAL APPEAL
FORM

POLICY

Students have the right to appeal dismissal from their graduate program. The appeal must be submitted within thirty calendar days 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 School, in this order.

Students who are dismissed from their program are not guaranteed to be reenrolled the semester after the dismissal should their appeal be successful. If the appeal is not

Program Coordinator Date Received _____

Date of Decision: _____

Approve Appeal _____ Deny Appeal _____

Rationale (include any stipulations): _____

Signature _____

Department Head Date Received: _____

Date of Decision _____

Approve Appeal _____ Deny Appeal _____

Rationale (include stipulations): _____

Signature _____

Dean- Date Received: _____

Date of Decision: _____

Approve Appeal _____ Deny Appeal _____

Rationale (include any stipulations): _____

Signature _____

The Graduate School will only hear an appeal when the decision of the Program Coordinator, Department Head, and Dean are in conflict or has otherwise been unable to reach a satisfactory resolution.

Upon receipt of a written appeal, the Associate Provost of Graduate Studies & Research will first determine if the appeal is appropriate for the Graduate School to hear. If the appeal is appropriate for the Graduate School to hear, the Associate Provost will choose to discuss the appeal with the parties involved in an attempt to reach a satisfactory resolution. 10 ((iate fo)-2[(in)5 (v)4.002 (o)-3.09.997 (r)5 (es)o299

DATE RECEIVED BY THE GRADUATE SCHOOL _____

DATE REVIEWED BY Associate Provost _____

Submit to Graduate Appeals Committee?

Yes _____ No _____

If yes, Committee Members:

Chair- Name/Department: _____

Name/Department: _____

Name/Department: _____

Hearing Date: _____ Decision Date: _____

GRADUATE SCHOOL DECISION: _____

DATE STUDENT NOTIFIED: _____ METHOD: _____

SIGNATURE ASSOCIATE PROVOST

Revised March 2024