



College of Education

Graduate Academic Admission Appeal Form

Student Name: (Print) _____ (Sign) _____

Today's Date: _____ Student ID Number: 000_____ Graduate Program: _____

Are you receiving Veterans Educational Benefits (GI Bill)? Yes ___ No ___

Contact Information:

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Cell Phone Number: _____

Email address: _____

Instructions:

With this form, provide a typewritten letter to address each question listed below:

1. State why there were/are extenuating circumstances to warrant an appeal.
2. Your letter should include a statement of justification and/or information to be considered for conditional admittance.
3. Explain why you should be admitted. You should address your academic history, your growth since you completed your undergraduate degree, and any outstanding events that have negatively or positively affected your life in such a manner that would warrant consideration in the appeal process.
4. Discuss your plan to be successful if admitted.

Submission:

This form must be submitted with supporting materials before the process can begin.

An appeal form with supporting materials may be submitted via email to deanne.boseck@athens.edu or mailed to: Attn: Special Programs Coordinator | College of Education | Athens State University | 300 N. Beaty Street | Athens, Alabama 35611

Next Steps:

The Committee will review a complete appeal packet. The student will be notified via their email address listed above. If the appeal is granted, further instructions will be provided. In order to promote student success and provide intervention in cases of unsatisfactory academic performance, the University reserves the right to take appropriate steps for any student whose declined admission is waived, including but not limited to: limiting the student's course load, and/or requiring the completion or repeat of other specific courses. The decision of the Committee, together with the materials presented by the student, will be placed in the student's official records. Please note, unless you have a signed release on file, Athens State officials may not discuss the results of your appeal with anyone except you, the student. This is in accordance with the Family Educational Rights and Privacy Act (FERPA).

For University Use Only:

COE Dean: _____

Appeal Granted: Yes ___ No ___

Date: _____

Comments: _____

Signature of Appeal Representative:
