

**COMMITTEE ON ACADEMIC STANDARDS
APPEAL PACKET COVERSHEET**

IMPORTANT: Complete this coversheet and attach as top sheet of your appeal packet.

Last Name	First Name	MI	ID#	Pronoun(s)
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E-Mail Address	Contact Phone
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Provide Summary of Your Request

For example: request for academic relief for spring semester 20XX, request for an exception to the transient study rules or request to overload to XX credits for the fall 20XX semester.

Attach Supporting Documentation

All supporting documentation should be on letterhead or professional stationery and signed by a licensed or certified professional, faculty or administrator with whom you have worked and knows your situation in depth. The documentation should refer to the request you are making and specifically to the semester in question. Medical records are not reviewed by the committee. The members require statements by professionals that explain the reason your petition should be considered favorably based on their first-hand knowledge of your situation.

Date Submitted: _____ Submitted for CAS meeting scheduled: _____

This portion to be completed by person receiving packet in the office for Undergraduate Education:

Date received: _____