

Student Academic Appeal (Undergraduate)



Name _____
Last First Middle Dragon ID _____

Local Address _____ Phone () _____

City/State/Zip _____ E-mail _____

Major _____ Expected Date of Graduation _____

Student: Please see the committee chair in the Office of Academic Affairs if you need assistance in preparing this appeal. **Completed forms should be returned to Academic Affairs, Owens 206.**

To the Committee on Student Academic Appeals: I hereby appeal for an exception to the MSUM academic policy regarding:

- liberal studies requirements; withdrawal deadline; other deadline; residence requirements; other (specify)

Please state clearly the action you are requesting: (If your appeal is to withdraw retroactively from courses, be sure to list the semester, course title, and instructors.) _____

■ **IF YOU ARE REQUESTING A RETROACTIVE WITHDRAWAL, YOU MUST EXPLAIN CLEARLY WHY YOU MISSED THE WITHDRAWAL DEADLINE.** (Appeals to retroactively withdraw cannot be accepted if five years have passed since the course in question was taken.)

■ **ADDITIONALLY, IF YOUR APPEAL IS BECAUSE OF MEDICAL ISSUES (PHYSICAL OR MENTAL), YOU MUST ATTACH A NOTE FROM YOUR MEDICAL SERVICE PROVIDER.**

■ **FOR ALL APPEALS: MSUM POLICIES APPLY TO ALL MSUM STUDENTS. YOU MUST EXPLAIN THE REASON(S) THAT YOU BELIEVE AN EXCEPTION SHOULD BE MADE IN YOUR CASE:**

Date: _____ Student's Signature _____

**NOTE: You may attach a signed note from your advisor in support of your appeal.
MAIL COMPLETED FORM TO OWENS 206 OR FAX TO 218.477.5851.**

Committee Recommendation: Approval Denial* (insufficient justification for exception) Tabled

Date: _____ Signature of Committee Chairperson _____

*A student whose appeal has been denied by the committee may request a review by the Vice President for Academic Affairs or designee, Owens 206.