

Student Academic Appeal (Undergraduate)

Name _____ Dragon ID _____
 Local Address _____ City/St/Zip _____ Phone _____
 Email _____ Major _____ Graduation Date _____

Please contact Shawn Soderberg, committee chair, in the Records Office (Owens Hall 104) if you need assistance in preparing this appeal.
Completed forms should be returned to Records Office, Owens 104 or faxed to 218.477.2941.

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

- DRAGON CORE REQUIREMENTS;
- WITHDRAWAL DEADLINE; 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*)
- RESIDENCE REQUIREMENTS; **8 of the last 12 credit appeals, must include the list of courses taken at other institutions. All other residency appeals must clearly explain the residency rule which you are appealing.**
- OTHER (specify): _____

■ **IF YOUR APPEAL IS BECAUSE OF MEDICAL ISSUES (PHYSICAL OR MENTAL), YOU MUST ATTACH A NOTE FROM YOUR MEDICAL SERVICE PROVIDER. WITHOUT DOCUMENTATION, YOUR APPEAL WILL BE DENIED.**

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)

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

Student's Signature: _____ Date: _____

NOTE: You may attach a signed note from your advisor in support of your appeal.

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.