

Academic Appeal

Submit to: Administration Bldg, Rm 205 // Bowling Green, Ohio 43403-0133 // Phone: (419) 372-2015 // Email: contactcas@bgsu.edu

Name: _____

BGSU ID: _____

BGSU Email: _____@bgsu.edu

Phone: _____

Major: _____

Date: _____

Nature Of Appeal

Late Add/Late Drop Change Grading Option Waiver of Penalty Hours Substitution/Transfer Credit Acceptance

Other: _____

Rationale For Appeal

Instructions: Supply a clear, concise response for each of the following two prompts, making sure to adhere to length requirements. Responses may be handwritten or typed. If readers tend to have difficulty reading your handwriting, you should consider typing your responses. **Note: Incomplete or missing responses, or responses that exceed the stated length requirement will not be considered.** Documentation must be provided for medical reasons. All information provided is held in strict confidence.

1 In **one sentence**, state your request for appeal. (*Example: I am writing for permission to change MDLA 4690 from 1 hour to 3 in my class schedule.*)

2 In **two-to-four sentences**, state the reason or reasons why you believe your request should be granted. (*Example: I was in the hospital on the final drop day. Because I was sick in the hospital, I could not file the required paperwork.*)

Comments (for office use only)

Dean or Designate Signature: _____

Date: _____

APPROVED DENIED