

Appeal Form

Alcorn State University Office of Graduate Studies

(PLEASE TYPE)

NAME _____ ASU ID _____
First Middle Last

PROGRAM OF STUDY _____

EMAIL _____ ADVISOR _____

ADDRESS _____
Number and Street City State Zip

TELEPHONE # _____ CELL # _____

DIRECTIONS: Applicants are required to complete this form and return it to the Office of Graduate Studies, graduatestudies@alcorn.edu, with a personal statement. You may attach any supporting documentation that further explains extenuating circumstances or reasons this request should be considered. Please check the appropriate reason for your request.

REASON FOR REQUEST (Check all that apply):			
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Academic Probation	<input type="checkbox"/>	Expiration of Six-Year Time Limit to Complete Degree
<input type="checkbox"/>	Academic Hold	<input type="checkbox"/>	Graduation
<input type="checkbox"/>	Admission	<input type="checkbox"/>	Licensure
<input type="checkbox"/>		<input type="checkbox"/>	Termination
<input type="checkbox"/>		<input type="checkbox"/>	Writing Proficiency Results
<input type="checkbox"/>		<input type="checkbox"/>	Other: Please List.

PERSONAL STATEMENT:

SIGNATURE _____ Date _____

FOR USE BY THE OFFICE OF GRADUATE STUDIES ONLY	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Decision Notification:	<input type="checkbox"/> Letter <input type="checkbox"/> Conference <input type="checkbox"/> Email
Signature: _____	Date: _____
Graduate Studies Administrator	

Return to the Office of Graduate Studies for processing. Email to graduatestudies@alcorn.edu