



Academic Affairs Appeal Form

Office for Academic Affairs

(FORM MUST BE TYPED)

NAME _____
Mr./Ms. First Middle Last

ASU ID NUMBER _____ EMAIL _____

PROGRAM OF STUDY _____ ADVISOR _____

ADDRESS _____
Number and Street City State Zip

TELEPHONE # _____ CELL # _____

DIRECTIONS: Appeals submitted at Level 2 to Academic Affairs must include a formal written explanation of additional information to consider for reversal of the academic progress decision rendered at Level 1 the College/School Dean. Add additional documentation to support your appeal such as transcript, Change of Grade Form, proof of exigence, etc. as applicable.

PROFESSIONAL STATEMENT:

SIGNATURE _____ Date _____

FOR USE BY THE OFFICE FOR ACADEMIC AFFAIRS ONLY

____ Approved ____ Denied

Decision Notification: ____ Letter ____ Conference ____ Email

Signature: _____ Date: _____

Provost and Senior Vice President for Academic Affairs

Return to the Office for Academic Affairs for processing. Email to slbarnes@alcorn.edu