

GRADUATE FACULTY-COORDINATOR APPEAL FEEDBACK FORM

This form will be used to request recommendation and supporting documentation from graduate coordinator when a graduate student appeals an academic dismissal.

STUDENT NAME: _____ STUDENT ID#: _____

PROGRAM: _____ ADVISOR: _____

The above student has submitted an appeal of their academic dismissal due to extenuating circumstances. The Graduate Academic Appeals committee requests your recommendation and/or feedback on this case.

Please complete this form and submit it with any supporting documents to the GACC Committee Chair by the date specified in email.

I do not wish to provide any comment or recommendation regarding this appeal.

I support this student's appeal and recommend the committee reinstate the student.
(Please attach comments/documentation)

I do **not** support this student's appeal and recommend the committee uphold the dismissal. (Please attach comments/documentation)

I recommended this student be permitted to reapply to the program in _____.
(Term and Year)

OPTIONAL comments.

If additional space is required, you may attach include additional attachments / documentation

This form and all documentation submitted will be held in the student's academic file.

Please add your name and date below.

Faculty name: _____ Date: _____