

Date

DATE RECEIVED BY THE GRADUATE SCHOOL _____

DATE REVIEWED BY THE Associate Provost _____

Submit to Graduate Appeals Committee?

Yes _____ No _____

If yes, Committee Members:

Chair - Name/Department: _____

Name/Department: _____

Name/Department _____

Hearing Date: _____ Decision Date: _____

GRADUATE SCHOOL DECISION: _____

DATE STUDENT NOTIFIED: _____ METHOD: _____

SIGNATURE OF ASSOCIATE PROVOST

Revised March 2024