ARMSTRONG ATLANTIC STATE UNIVERSITY
GRADUATE APPEAL FORM

1. ***Complete the following information:***

Name: _____ Student ID#: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____

Degree Objective: _____ Major: _____ Current Admission Category: _____

2. ***The following documentation must be attached to the Appeal Form:***

- ***A typed letter addressing the policy/policies that you wish to appeal and the reasons or justifications for the request.***
- ***Appropriate documentation, such as test scores, transcripts, letter of recommendation, or medical records.***

3. ***Return to the School of Graduate Studies for processing (prior to department signatures).***

(Please list all recommendations and/or stipulations of appeal)

A. Recommendation of the Program Coordinator (Advisor may substitute if Coordinator is not available):

_____

***Admissions Appeal*: [ ] Regular [ ] Provisional**

[ ] Approve [ ] Deny

Signature: _____ Date: _____

B. Recommendation of the Department Head:

_____

***Admissions Appeal:* [ ] Regular [ ] Provisional**

[ ] Approve [ ] Deny

Signature: _____ Date: _____

C. Recommendation of the College Dean:

_____

***Admissions Appeal:* [ ] Regular [ ] Provisional**

[ ] Approve [ ] Deny

Signature: _____ Date: _____

NOTE: THE APPEAL MUST BE RETURNED TO THE SCHOOL OF GRADUATE STUDIES NO LATER THAN TEN (10) WORKING DAYS AFTER BEING SUBMITTED TO THE PROGRAM COORDINATOR.

FOR USE BY THE SCHOOL OF GRADUATE STUDIES ONLY

Received: _____ Submitted to the Program Coordinator: _____ Date Returned: _____

Processed:_____ Signature: _____ Date: _____

JHB/Forms/Appeal Form Revised/08/06