

Appeal Form

Alcorn State University Office of Graduate Studies

(PLEASE TYPE)

NAME _____
Mr./Ms. First Middle Last

ASU ID NUMBER _____ EMAIL _____

PROGRAM OF STUDY _____ 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 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 checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
<input type="checkbox"/>	GPA	<input type="checkbox"/>	Termination	<input type="checkbox"/>	Educator License
<input type="checkbox"/>	Academic Probation	<input type="checkbox"/>	Expiration of Six-Year Time Limit to Complete Degree	<input type="checkbox"/>	Writing Proficiency Results
<input type="checkbox"/>	Academic Hold	<input type="checkbox"/>	Missing Required Admissions Documents	<input type="checkbox"/>	Other: Please List.

PERSONAL STATEMENT:

SIGNATURE _____ Date _____

FOR USE BY THE OFFICE OF GRADUATE STUDIES ONLY	
____ Approved ____ Denied	
Decision Notification: ____ Letter ____ Conference ____ Email	
Signature: _____ Director of Graduate Studies	Date: _____

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