

ST. LAWRENCE UNIVERSITY

Guidelines for Academic APPEALS

Note: The right to an appeal is not guaranteed and an appeal will only be granted in a case where additional considerations can be substantiated. APPEALS will only be granted one time: decisions are final.

1. Provide all your student information; don't leave any blanks.
2. Mark the checkbox associated with the nature of your APPEAL. This should coincide with the type of petition that was denied.
3. Attach a TYPED letter that clearly explains what additional considerations you are presenting.
4. Obtain the signature of your Academic Advisor. This is required.
5. Sign and date your APPEAL.
6. In accordance with the type of Academic APPEAL, staple supporting documentation to the APPEAL.
7. Include student name and student identification number on all documentation. Please staple all documentation to the Academic APPEAL form.
8. Please contact the Associate Dean for Advising at (315) 229-5964 for consultation as you compose your APPEAL.
9. Submit APPEALS to the Registrar's Office.
10. Actions on Academic APPEALS may be forwarded the student's CMR or St. Lawrence University email account.
11. The committee meets weekly when school is in session to review APPEALS.



ACADEMIC APPEAL

SEE REVERSE SIDE FOR GUIDELINES ON COMPLETING YOUR ACADEMIC APPEAL.

1. STUDENT INFORMATION

STUDENT _____ ID# _____ CLASS YEAR _____ CMR _____

EMAIL _____ PHONE _____ MAJOR(S) _____

2. NATURE OF APPEAL. (This should be the same as the petition that was denied.)

- Late Schedule Change (attach a completed **Add/Drop Form**)
- Course Withdrawal (attach a completed **Withdrawal Form**)
- Pass/Fail (attach a completed **Pass/Fail Form**)
- Other
- Waiver of Distribution Requirement
- Waiver Senior Residence Requirement
- Waiver Maximum Units in Major

3. ATTACH A TYPED EXPLANATION THAT CLEARLY EXPLAINS WHAT ADDITIONAL CONSIDERATIONS ARE PRESENTED IN THIS APPEAL.

4. ADVISOR'S SIGNATURE REQUIRED:

I support this APPEAL

Academic Advisor Date

5. SIGN AND DATE.

Student Signature _____

Date _____

6. STAPLE ALL SUPPORTING DOCUMENTATION TO THIS FORM.

OFFICE USE ONLY BELOW THIS BOX

<p>APPROVED</p> <hr/> <p>Academic Petitions Committee</p> <p>_____</p> <p>Date</p> <p>\$45 Late Fee: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>TABLED (see conditions below)</p> <hr/> <p>Academic Petitions Committee</p> <p>_____</p> <p>Date</p>	<p>DISAPPROVED</p> <hr/> <p>Academic Petitions Committee</p> <p>_____</p> <p>Date</p>
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COMMENTS / TABLED CONDITIONS

Processed by: _____ Date _____ Notification of Decision: _____mail _____email