

Guidelines for Academic APPEALS

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

1. Provide all your student information; do not 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

_____	_____	_____
Email Address	Student ID	Student Name
_____	_____	_____
Class Year	SMC	Phone
_____	_____	_____
		Major(s)

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

- | | |
|--|---|
| <input type="checkbox"/> Late Schedule Change (attach a completed Add/Drop Form) | <input type="checkbox"/> Waiver of Distribution Requirement |
| <input type="checkbox"/> Course Withdrawal (attach a completed Withdrawal Form) | <input type="checkbox"/> Waiver of Senior Residence Requirement |
| <input type="checkbox"/> Pass/Fail (attach a completed Pass/Fail Form) | <input type="checkbox"/> Waiver of Maximum Units in Major |
| <input type="checkbox"/> Other | |

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: _____

Advisor's Signature Date

5. SIGN AND DATE: _____

Student Signature Date

6. STAPLE ALL SUPPORTING DOCUMENTATION TO THIS FORM

OFFICE USE ONLY, BELOW THIS BOX

APPROVED	TABLED (see conditions below)	DISAPPROVED
_____ Academic Petitions Committee	_____ Academic Petitions Committee	_____ Academic Petitions Committee
_____ Date	_____ Date	_____ Date
\$50 Late Fee: <input type="checkbox"/> Yes <input type="checkbox"/> No		

COMMENTS / TABLED CONDITIONS

Processed by: _____ Date _____

Notification of Decision: _____mail _____email