

College of Humanities, Arts & Social Sciences
Petition to Appeal Academic Dismissal

STUDENT ID NUMBER _____ DATE _____

UCR WEBMAIL _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY ZIP CODE

PHONE _____
AREA CODE

EDUCATIONAL GOAL _____ MAJOR _____

*Your answers to the following questions will be the determining factor in our decision. If you need more writing space, use the back of page or attach a separate sheet. **Attach documentation to support your appeal.***

1. State the extenuating circumstances that prevented you from successfully completing classes. Provide documentation from your instructor that you were in good standing ("C" or better) when these circumstances occurred.

2. List grades to be changed (attach note from instructor).

3. List what you will be doing differently so that you can accomplish your educational goals.

YOU WILL BE NOTIFIED THROUGH E-MAIL AS TO THE RESULTS OF THIS PETITION. PLEASE BE SURE THIS INFORMATION IS COMPLETE AND PRINTED CLEARLY.

STUDENT'S SIGNATURE

***** OFFICE USE ONLY*****

DEAN'S COMMENTS: _____

Appeal Approved _____ Appeal Denied _____