PETITION TO THE STUDENT ACADEMIC APPELLATE COMMITTEE

Name	Name			Banr	Banner ID		Date	
Address				City, State, Zip				
Major/Minor				Ema	Email		Phone	
Semester fo	or which yo	u are submittin	g this appeal:					
Fall								
I wish to ap	opeal for the	e following:				Year		
Course	Course Withdrawal Policy (deadline/number of hours)					Academic Suspension (NOT Financial Aid suspension) Grade		
Retroa	Retroactive Course Withdrawal (for previous semesters)					Replacement Policy		
Retroa	Retroactive Term Withdrawal (for previous semesters)				Other			

An appeal is a request that the academic rules not apply to you. In order to have your appeal considered, ECU academic policy requires that there be an unforeseen and uncontrollable circumstance that impaired your academic performance. Poor work habits, overload, or change of major are not appropriate grounds for appeal. All decisions of the Student Academic Appellate Committee are final.

A complete appeal <u>requires</u> that you submit this form along with the following:

- A typed letter that explains the rationale for your appeal. Be specific and include details to support your case.
- Documentation to support your appeal (medical records, police report, obituary, e-mails from professors, etc.).
- Signature from the Student Financial Aid Office/Student Loans Office and completion of the box below.

The appeals committee meets monthly during the academic school year. For your appeal to be heard, all documentation must be received by 5:00pm on the dates listed below. NO EXCEPTIONS CAN OR WILL BE MADE.

Month/Meeting	Deadline	Month/Meeting	Deadline
August 2018	8/6/2018	February 2019	1/30/2019
September 2018	8/29/2018	March 2019	2/27/2019
October 2018	9/26/2018	April 2019	3/27/2019
November 2018	10/31/2018	May 2019	4/24/2019
December 2018	11/28/2018	June 2019	5/29/2019
January 2019	12/21/2018	August 2019	8/5/2019

2018/2019 Appeal Deadlines

Forward completed appeals form and documentation to:

Academic Services - Office of the Registrar **East Carolina University** Uptown 207 Greenville, NC 27858-4353 (252) 328-6077 (252) 328-1505 Fax CAS@ecu.edu

I understand that requests for exception to university policy are considered only when unforeseeable and uncontrollable circumstances prevail. I understand that if I am petitioning regarding a class for the current semester, my attendance in that class is required until a decision is made and my faculty may be contacted regarding my participation/attendance in my course(s). I understand that all correspondence related to my appeal will be conducted through ECU email. I understand that a change in my academic record (current or retroactive) may result in a change in what I owe for tuition/fees or financial aid and I have met with a representative in the Student Financial Aid Office/Student Loans Office to discuss the potential financial implications of this appeal. I verify that the information provided is accurate.

Student Signature

Date

To be completed by the Student Financial Aid Office/Student Loans Office

Approval of this appeal may result in the following financial adjustments/ repayment of funds:

Date