

 **Graduate Appeals Form**

* **Complete:** this form for all graduate appeals ***except*** those concerning Academic Dishonesty cases.
* **Submit to Graduate office by** **15th of the month prior to** the month of the Graduate Appeals Committee (GAC) meeting.*GAC meets February, June, and October so, except for Grade Appeals, completed appeal materials are due by* ***Jan. 15, May 15 or Sept. 15*** *for the subsequent meeting.*
* **Grade Appeal** materials must be submitted **30 days after grades were due** of the relevant semester or session.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

1. **Student Information**

Name: Click here to enter text. Banner ID: Click here to enter text.

Address: Click here to enter text. Phone:Click here to enter text.

UNCP Email: Click here to enter text. Program: Click here to enter text.

Year/semester you were initially admitted: Click here to enter text.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

1. **Type of Appeal (please check):**

[ ]  **Extension of Time to Degree***: If completion of course work will take more than the five-year limit (six years for School Counseling, Mental Health Counseling and Social Work), then a student must request an extension of time to degree (includes credit reinstatement of courses)****.***

**Requesting extension until:** Year: Click here to enter text. Month: Click here to enter text.*Complete A, B, D, E, F*

[ ]  **Credit Reinstatement and/or Transfer credit:** *Request for credit of graduate courses taken more than five years ago (lapsed) and/or transfer credit after the deadline.*

*Complete A, B, C, D, E, F*

[ ]  **Grade: *See G*.** Student must meet with instructor of disputed course grade within 30 days after grades are due of the relevant term. If an acceptable resolution is not met, the student should complete the following portions of this form:

 *Complete A, B, C, D (if appeal goes to Dean of The Graduate School), E, G*

[ ]  **Permission to Apply for Readmission after Dismissal:** *A former student who was dismissed for academic reasons and has not been enrolled in at UNCP for a period of four (4) semesters (excluding summers) may apply for readmission under the Special Readmission Policy of The Graduate School.*

*Complete A, B, C, D, E, and F*

1. **Courses involved, if any (see handbook or catalog for eligible number of credit hours)**
2. Course name: Click here to enter text. Prefix/Number/ Click here to enter text.

University where taken: Click here to enter text. Term/year taken: Click here to enter text.

Grade received: Click here to enter text. Credit hours earned: Click here to enter text.

UNCP Equivalent prefix/number/name: Click here to enter text.

1. Course name: Click here to enter text. Prefix/Number/ Click here to enter text.

University where taken: Click here to enter text. Term/year taken: Click here to enter text.

Grade received: Click here to enter text. Credit hours earned: Click here to enter text.

UNCP Equivalent prefix/number/name: Click here to enter text.

1. Course name: Click here to enter text. Prefix/Number/ Click here to enter text.

University where taken: Click here to enter text. Term/year taken: Click here to enter text.

Grade received: Click here to enter text. Credit hours earned: Click here to enter text.

UNCP Equivalent prefix/number/name: Click here to enter text.

1. Course name: Click here to enter text. Prefix/Number/ Click here to enter text.

University where taken: Click here to enter text. Term/year taken: Click here to enter text.

Grade received: Click here to enter text. Credit hours earned: Click here to enter text.

 UNCP Equivalent prefix/number/name: Click here to enter text.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

1. **Do you wish to make a formal appearance before the Appeals Committee**? Yes[ ]  No[ ]

If you check “yes”, you will be contacted about appearing. The committee meets in February, June and October.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

1. **Briefly, but thoroughly, explain what you are seeking through your appeal and why the committee should grant your appeal. Type explanation or attach materials:** Click here to enter text.

**STOP! When you have completed the appeals form up to this point, save the appeal as “yourname” and “appeal” (ex. JohnJonesAPPEAL).**

**SEND an electronic version of the saved document (including attachment/s) to** **janetta.cheek@uncp.edu****.**

**PRINT out the document, sign and obtain signatures needed below to complete the appeal.**

**\*\*\*I attest that, to the best of my knowledge and belief, the information I’ve given on this form is true and correct.**

*Appellant’s Signature***:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Date***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**F. Program Director/Chair Input—NOT for grade appeals (use G)**

1. **Program Director:** Do you *recommend* the GAC grant these appeals? *(Check One)*

[ ]  Yes (I believe the appeal should be granted)

[ ]  No (I do not believe the appeal should be granted)

[ ]  Part(s) of the appeal should be granted (explain below)

**PD must state your rationale (may attach):**

**Program Director’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Director’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Do you wish to appear before the Graduate Appeal Committee? (*Check One*) Yes**[ ]  **No** [ ]

1. **Chair:** Do you *recommend* the GAC grant these appeals? *(Check One)*

[ ]  Yes (I believe the appeal should be granted)

[ ]  No (I do not believe the appeal should be granted)

[ ]  Part(s) of the appeal should be granted (explain below)

**Chair’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chair’s Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(Optional)** You may choose to give a statement of your opinion here or as an attachment.

1. **Grade Appeals (only) Section**

Students have the right to appeal a final grade received in a graduate course. The student wishing to appeal a grade must have clear documentation that the grade earned was due to 1) miscalculation, 2) material deviation from information published in the course syllabus without adequate notice of change or 3) discriminatory or capricious academic evaluation on the part of the instructor (see Graduate Student Handbook for additional information).

The student must meet with instructor of disputed course grade within 30 days after grades are due of the relevant term. If an acceptable resolution is not met, the student must meet with the chair within 10 days of the instructor meeting with this document, with sections *A, B, C, D and E completed and the instructor’s signature, below.* *If a satisfactory resolution is not met with the chair, the student must meet with the Dean of the school or college within 10 days of the chair meeting, with this document and appropriate signatures, below and submit to The Graduate School by November 1 or April 1 of the semester following the term in which the grade was received.*

*I have met with above student regarding the grade described in these documents and proposed the following:*

 *No change in grade or the following change (space will expand):*

*­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of* ***instructor*** *(chair’s initials if refused) Date*

*I have met with above student regarding the grade described in these documents and proposed the following:*

 *No change in grade or the following change (space will expand):*

*­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of* ***Chair*** *(chair’s initials if refused) Date*

*I have met with above student regarding the grade described in these documents and proposed the following:*

 *No change in grade or the following change (space will expand):*

*­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of* ***Dean*** *of \_\_\_\_\_\_\_\_\_\_\_\_\_ School/College Date*

***The Graduate School Office Use Only***

**Date Received**: \_\_\_\_\_\_\_\_\_\_ **Complete**: Yes\_\_\_\_ No\_\_\_\_ **GPA** \_\_\_\_\_

**SHACRSE attached** \_\_\_\_\_

**GAC Decision** **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Deny** \_\_\_

**Approve** \_\_\_

**Provisions:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Dean: