



UNIVERSITY OF LA VERNE

PETITION to the GRADUATE APPEALS COMMITTEE for an EXCEPTION to UNIVERSITY POLICY

The Graduate Appeals Committee meets every three (3) weeks to consider graduate and doctoral student requests for exception to academic and/or administrative policies. Please refer to the Appeals Instructions for detailed instructions and important time limitations.

PLEASE PRINT LEGIBLY (IN INK) OR TYPE

Name: _____ ID # (last 4 digits): _____ Date: _____

Address: _____

Street

City

State

Zip

Daytime Phone: (_____) _____ Cell Phone: (_____) _____

La Verne Email: _____@laverne.edu Financial Aid Recipient: YES NO

Regional Campus Location: _____ Academic Advisor: _____

CHECK APPROPRIATE BOX AND ATTACH REQUIRED DOCUMENTATION

(Attach a detailed statement describing the rationale for the request and the reason why you believe exception to the University policy should be granted.)

THIS PETITION IS FOR THE: _____ (You must submit a separate petition for each semester/term)
Term and Year

<input type="checkbox"/> Late Registration within same term Course(s) # and CRN(s): _____ <ul style="list-style-type: none"> Requires written support from the instructor. Written statement from student addressing rationale for the appeal. Tuition per Unit: _____	<input type="checkbox"/> Late (please circle) DROP or WITHDRAWAL Course(s) # and CRN(s): _____ <ul style="list-style-type: none"> Requires written support from instructor, with verification of last date of attendance or participation. Written statement from student addressing rationale for the appeal. Term: _____
<input type="checkbox"/> Retroactive Registration (prior term) Course(s)# and CRN(s): _____ <ul style="list-style-type: none"> Requires confirmation of final grade. Written statement from student addressing rationale for the appeal. Tuition per Unit: _____	<input type="checkbox"/> Extension of Time to Complete Degree to: _____ (term and year) <i>Requires all of the following:</i> <ol style="list-style-type: none"> Statement addressing request for extension a detailed plan to finish outstanding coursework with an anticipated completion date the Program Chair's/Director's approval & signature
<input type="checkbox"/> Extension of Time to Complete Incomplete "INC" or "IP" Course #: _____ And term: _____ Requested Extension Date: _____ <i>Requires all of the following:</i> <ol style="list-style-type: none"> a statement addressing request for extension date course will be completed the instructor's written support 	<input type="checkbox"/> Other <i>Please explain:</i> _____ _____ _____
<input type="checkbox"/> Appeal for Readmission (Please attached Readmission Form)	

Student's Signature _____ Date: _____

Program Chair or RC Director & Academic Advisor Decision: Support Do not Support No opinion

Signature and title: _____ Date: _____

Signature and title: _____ Date: _____

FOR OFFICE USE ONLY. PLEASE DO NOT WRITE IN THE SPACE BELOW

Appeal Fee Paid: YES NO Payment Method: Credit Card Check Check #: _____

Date Appeal Fee Sent to Student Accounts: _____

Graduate Appeals Committee Decision:

Recommendation: Approved Denied Deferred Date: _____