APPEAL ACTION REQUEST FORM

NOTE: All appeal requests must begin in the academic department and follow the appropriate procedure. The Office of the Provost/Vice President for Academic Affairs will not receive requests submitted directly by faculty or students.

Directions: Please provide the information requested below and attach this form to the appeal packet.

I. Student Identification

Name: _____
Last First Middle Initial

Student Number: _____ Major: _____

Department: _____

College: _____

II. Request for Action **(Check One)**

Readmission after Academic Sanction ☐

Request for Proficiency Examination ☐

Waiver of Residency Requirement (last 27 hours at VSU) ☐

Other (Please describe): _____

_____

Student Name (Print): _____

Student Signature: _____Date _____