EASTERN CONNECTICUT STATE UNIVERSITY
ACADEMIC APPEAL REQUEST FORM
(To Be Used For General Graduation and Liberal Arts Core Requirements)

UNIVERSITY POLICY: An Academic Appeals Officer must approve any Substitution, Waiver, or Special Permission regarding General Graduation Requirements and Academic Procedures. The student must initiate the request at the Advising Center. Approved Waivers, Substitutions or Special Permissions must be filed in writing with the Registrar’s Office.

INSTRUCTIONS: 1) Complete Section A; using either campus address or permanent address 2) Check or write your request in Section B 3) Write reason(s) for request in Section C 4) Attach a current eWeb transcript

---------------------------------------------------------------SECTION A---------------------------------------------------------------

FULL-TIME PART-TIME  
Date: __________________________

NAME ___________________________________  Student I.D. # ______________________

CAMPUS ADDRESS ______________________________________________________________

                Street                      City                      State                      Zip

CAMPUS TELEPHONE # __________________________

OR

PERMANENT ADDRESS ______________________________________________________________

                Street                      City                      State                      Zip

PERMANENT TELEPHONE # __________________________

STUDENT’S SIGNATURE __________________________________  DATE _______________

---------------------------------------------------------------SECTION B---------------------------------------------------------------

I. SUBSTITUTION (Attach copy of course description from transfer institution.)

<table>
<thead>
<tr>
<th>Transfer Course</th>
<th>Transfer Institution</th>
<th>ECSU GER/LAC Category</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

II. WAIVER REQUESTS: (Please attach documentation.)

_____ In Residence Requirement
_____ Upper Division Requirement
_____ Writing Placement Exam
_____ Math Placement Exam
_____ Foreign Language Requirement
_____ HPE Requirement
_____ Other

III. SPECIAL PERMISSION REQUESTS:
Full-time students who register for more than 18 credits will be charged the current per credit hour tuition rate.

_____ Audit
_____ Credit Overload: Total # of credits requesting _____ Semester _______
_____ Credit Underload: Total # of credits requesting _____ Semester _______
_____ Inclusion of Non-Matriculated courses in GPA
_____ Other

---------------------------------------------------------------
SECTION C

REASON (S) FOR REQUEST (Continue on a separate sheet, if necessary.) ______________

____________

____________

____________________

____________________

SECTION D (Appeals Officer Only)

ACADEMIC YEAR: _____ Fall _____ Intersession _____ Spring _____ Summer

______ APPROVED _____ DENIED

COMMENTS:

____________________

____________________

Appeals Officer ___________________________ Date ______________

SECTION E (Appeals Officer Only)

_____ PENDING _____ NOT APPLICABLE

A FINAL DECISION WILL BE MADE AFTER CONSULTATION WITH THE FOLLOWING INDIVIDUAL (S):

___ Academic Advisor ___ Coordinator Math Placement Examination

___ Academic Dean ___ Course Instructor

___Chairperson Foreign Language Department ___Department Chairperson

___ Coordinator English Placement Examination ___ Other ____________________________

COMMENTS:

____________________

____________________

Revised 9/11