EASTERN CONNECTICUT STATE UNIVERSITY
ACADEMIC APPEAL 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.

PAPERWORK WILL BE PROCESSED IN SEVEN TO TEN BUSINESS DAYS.

----------------------------------------------------------------------------------------------------------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>Institution</th>
<th>ECSU GER/LAC Category</th>
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II.  WAIVER REQUESTS: (Please attach documentation.)

______ In Residence Requirement  ______ HPE Requirement

______ Upper Division Requirement  ______ Math Placement Exam

______ Writing Placement Exam  ______ Other__________

______ Foreign Language Requirement


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 registered credits requesting ______ Semiater ______

______ Credit Underload: Total # of credits requesting ______ Semester ______

______ Inclusion of Non-Matriculated courses in GPA

______ Other ___________________________________________________________________________

(Over)
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

_____ PENDING _____ NOT APPLICABLE

COMMENTS:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

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

___ Academic Advisor

___ Academic Dean

___ Chairperson Foreign Language Department

___ Coordinator English Placement Examination

___ Coordinator Math Placement Examination

___ Course Instructor

___ Department Chairperson

___ Other ____________________________

Appeals Officer ____________________ Date ____________________

Revised 1/14