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.

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SECTION A
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______ 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 __________________

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

<table>
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<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
______ Math Placement Exam Other ______________________________
______ Writing Placement Exam ______________________________
______ 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 _______ Semester ________
______ Credit Under load: 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       ___ Coordinator Math Placement Examination
___ Academic Dean       ___ Course Instructor
___ Chairperson Foreign Language Department       ___ Department Chairperson
___ Coordinator English Placement Examination       ___ Other ____________________________

Appeals Officer

__________________________________________ Date

Revised 6/15