

PETITION TO THE STUDENT ACADEMIC APPELLATE COMMITTEE

Name	Banner ID	Date
Address	City, State, Zip	
Major/Minor	Email	Phone

Semester for which you are submitting this appeal:

Fall Spring 1st Summer 2nd Summer 11-Week Summer of _____
Year

I wish to appeal for the following:

- | | |
|--|---|
| <input type="checkbox"/> Drop Policy (deadline/number of drops) | <input type="checkbox"/> Grade Replacement Policy |
| <input type="checkbox"/> Retroactive Drop (previous semesters) | <input type="checkbox"/> Suspension * |
| <input type="checkbox"/> Retroactive Withdrawal (previous semesters) | <input type="checkbox"/> Other _____ |

An appeal is a request that the academic rules not apply to you. In order to have your appeal considered, ECU academic policy requires that there be an unforeseen and uncontrollable circumstance that impaired your academic performance. Poor work habits, overload, or change of major are not appropriate grounds for appeal. All decisions of the Student Academic Appellate Committee are final.

A complete appeal requires that you submit this form along with the following:

- A typed letter that explains the rationale for your appeal. Be specific and include details to support your case.
- Documentation to support your appeal (medical records, police report, obituary, e-mails from professors, etc).

The appeals committee meets monthly. For your appeal to be heard, all documentation must be submitted to the Center for Academic Services by 5:00pm on the dates listed below.

2009/2010 Appeal Deadlines

Forward completed appeals form and documentation to:

Month/Meeting	Deadline	Month/Meeting	Deadline
August	8/7/2009	January	12/28/2009
September	8/28/2009	February	1/29/2010
October	10/2/2009	March	2/26/2010
November	10/30/2009	April	3/31/2010
December	11/25/2009	May	4/30/2010

Center for Academic Services
East Carolina University
210 Whichard Building
Greenville, NC 27858-4353
(252) 328-6077
(252) 328-1505 Fax
CAS@ecu.edu

* Please refer to the university catalog for suspension appeal deadlines.

I understand that requests for exception to university policy are considered only when unforeseeable and uncontrollable circumstances prevail. I understand that if I am petitioning regarding a class for the current semester, my attendance in that class is required until a decision is made. I understand that all correspondence related to my appeal will be conducted through ECU email. **I understand that a change in my schedule or academic record (current or retroactive) may result in a change in what I owe for tuition/fees or financial aid.** I verify that the information provided is accurate.

 Student Signature

 Date