PETITION TO THE STUDENT ACADEMIC APPELLATE COMMITTEE

I wish to appeal for the following:

___ Course Withdrawal Policy (deadline/number of hours)  ___ Grade Replacement Policy
___ Retroactive Course Withdrawal (for previous semesters)  ___ Suspension
___ Retroactive Term Withdrawal (for previous semesters)  ___ 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.)
- Signature from the Student Financial Aid Office/Student Loans Office and completion of the box below.

The appeals committee meets monthly during the academic school year. For your appeal to be heard, all documentation must be received by 5:00pm on the dates listed below. NO EXCEPTIONS CAN OR WILL BE MADE.

<table>
<thead>
<tr>
<th>Month/Meeting</th>
<th>Deadline</th>
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<tr>
<td>August 2017</td>
<td>8/7/2017</td>
<td>February 2018</td>
<td>1/31/2018</td>
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<td>September 2017</td>
<td>8/30/2017</td>
<td>March 2018</td>
<td>2/28/2018</td>
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<td>October 2017</td>
<td>9/27/2017</td>
<td>April 2018</td>
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<td>November 2017</td>
<td>10/25/2017</td>
<td>May 2018</td>
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<td>December 2017</td>
<td>11/29/2017</td>
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<tr>
<td>January 2018</td>
<td>12/22/2017</td>
<td>August 2018</td>
<td>8/6/2018</td>
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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 and my faculty may be contacted regarding my participation/attendance in my course(s). I understand that all correspondence related to my appeal will be conducted through ECU email. I understand that a change in my academic record (current or retroactive) may result in a change in what I owe for tuition/fees or financial aid and I have met with a representative in the Student Financial Aid Office/Student Loans Office to discuss the potential financial implications of this appeal. I verify that the information provided is accurate.

___________________________________________
Student Signature                     Date

To be completed by the Student Financial Aid Office/Student Loans Office

Approval of this appeal may result in the following financial adjustments/repayment of funds:

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