Graduate Disqualification Appeal  
(CBE Only)  
(Part A)

**INSTRUCTIONS:**

**STUDENT:** Read forms carefully.  

b. Submit Part A and B to your Graduate Adviser in Mihaylo Graduate Programs (SGMH4210) by **12:00 (noon) on Thursday, January 10, 2019.**

**GRADUATE PROGRAM ADVISER/DEPARTMENT CHAIR:**  


### Part A-Student

1. ___________________________  
   Last Name  
   ___________________________  
   First Name  

2. ___________________________  
   Student ID  
   ___________________________  
   Phone Number  
   ___________________________  
   E-mail  

3. ___________________________  
   Street Name/No.  
   ___________________________  
   City/State  
   ___________________________  
   Zip  

*If this is a change from the address currently on file, please change your address on Titan Online*

4. List your academic objective. (Ex: Master of Science in Education – Special Education)  
   ___________________________  

5. Have you submitted any university petitions that may affect your grade point average? _____ Yes _____ No  
   If so, what kind of petition(s): ___________________________  
   (Repetition of Course, Grade Change, Retroactive Withdrawal)  
   Date Submitted: ___________________________  
   Incomplete changed to letter grade: ___________________________  
   Course Name & Number  
   ___________________________  
   Grade Earned  

6. If your Graduate Disqualification Appeal is granted, what classes have been approved by your adviser or Department Chair for the next semester? (You may be limited to 6 units)  
   Semester 1: ___________________________  

**Note:** It is important to remember, that if your appeal is approved, you would be required to increase your GPA to the minimum 3.00 within the first semester you are allowed to return.

   ___________________________  
   Student Signature  
   ___________________________  
   Date
**Part B-Student**

**Instructions:**
- All information MUST be typewritten for all five questions below.
- Provide an answer no more the 500 words in length for each supplemental question.
- Failure to answer “all” five questions will result in the denial of your petition.
- All claims of medical, financial, & personal problems MUST have attached documentation.

**Supplemental Questions:**

1. Describe a significant situation, issue, or the extenuating circumstance(s) that is solely or mostly the cause for an effect on your poor academic performance and disqualification.
2. Clearly prove that the situation was beyond your ability to stop or control the effects.
3. Outline significant steps that you took to ensure that the situation or issue did not negatively affect your ability to perform up to minimum standards and clearly proves that those steps, while significant, were not successful in mitigating the situation or issue.
4. Explain how these problems or circumstance have been corrected or no longer exist.
5. Describe the specific steps you will take to improve your academic performance, if your Disqualification Appeal is granted.

NOTE: The appeal process is a lengthy and time consuming. You are urged to carefully consider the strength of your case before submitting an appeal. In addition, please keep in mind that the act of submitting an appeal does not guarantee that the decision will be overturned.

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**Part C - For Graduate Program Adviser or Department Chair Use Only**

**Please attach a memo of justification for your recommendation.**

Please return the following to the Office of Graduate Studies (MH-112) no later than noon on Friday, January 11, 2019.

- Appeal form (Part A)
- Student’s supplemental explanation (Part B)
- Your recommendation (Part C)
- Your memo of justification for your recommendation

_____ I recommend this student be allowed to continue in our program.
_____ I do not recommend that this student be allowed to continue in our program.

Graduate Program Adviser or Department Chair Signature

Date