

Graduate Disqualification Appeal (CBE Only) (Part A)

INSTRUCTIONS:

STUDENT: Read forms carefully.

- a. Answer Part A directly on the form. Answer Part B on a separate sheet of paper:
- b. Email Part A and B to your Graduate Adviser at businessmasters@fullerton.edu by 12:00 (noon) on Wednesday, June 5, 2024.

GRADUATE PROGRAM ADVISER/DEPARTMENT CHAIR:

a. Fill out Part C, attach justification and email Part A, B and C to Karolyn Lee at karolee@fullerton.edu no later than 5pm on Friday, June 7, 2024.

	Last Name		First Name	
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S	Student ID	Phone Number	E-mail	
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S	Street Name/No.		City/State	Zip
*	If this is a change from the add	dress currently on file, pleas	se change your address on Titan On	line
L	List your academic objective. (Ex: Master of Science in E	ducation – Special Education)	
Н	Have you submitted any univers	sity petitions that may affect	t your grade point average? Y	'es No
				es No
If	Have you submitted any university of so, what kind of petition(s): Repetition of Course, Grade Cl			/es No
If (I	f so, what kind of petition(s): Repetition of Course, Grade Cl	hange, Retroactive Withdra		/es No
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Iff (I	f so, what kind of petition(s): Repetition of Course, Grade Cl Date Submitted:	hange, Retroactive Withdrav	wal)	Ves No Grade Earned
Iff (I	f so, what kind of petition(s): Repetition of Course, Grade Cl Date Submitted: ncomplete changed to letter gra f your Graduate Disqualification	hange, Retroactive Withdrav ade: Con Appeal is granted, what c	ourse Name & Number lasses have been approved by your a	Grade Earned
Iff (If D) In Iff C	f so, what kind of petition(s): Repetition of Course, Grade Cl Date Submitted: ncomplete changed to letter grade f your Graduate Disqualification Chair for the next semester? (Ye	hange, Retroactive Withdray ade: Con Appeal is granted, what con may be limited to 6 units	ourse Name & Number lasses have been approved by your a	Grade Earned
Iff (I D D In Iff C S	f so, what kind of petition(s): Repetition of Course, Grade Cl Date Submitted: ncomplete changed to letter grade f your Graduate Disqualification Chair for the next semester? (Your Graduate 1:	hange, Retroactive Withdray ade: Con Appeal is granted, what con may be limited to 6 units	ourse Name & Number lasses have been approved by your a	Grade Earned adviser or Department
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Required Supplemental Documentation (Part B & C)

Office of Graduate Studies (CP-950)

<u>Instructions:</u> *Type an explanation* for the provided five questions. If any question is not answered your appeal will automatically be denied. Email both the Appeal (Part A) and the Required Supplemental Documentation (Part B) to your Advisor at businessmasters@fullerton.edu by 12:00 (noon) on Wednesday, June 5, 2024.

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 Ouestions:

- 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.
- 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.

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

Please attach a memo of justification for your recommendation.

Please email the following to Karolyn Lee at karolee@fullerton.edu no later than 5pm on Friday, June 7, 2024.

- a. Appeal form (Part A),
- b. Student's supplemental explanation (Part B)
- c. Your recommendation (Part C)
- d. Your memo of justification for your recommendation

I do not recommend that 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				