



**Graduate Disqualification Appeal  
 (Part A)**

**INSTRUCTIONS:**

**STUDENT:** Read forms carefully. Answer Part A directly on the form. Answer Part B on a separate sheet of paper.  
 Email Part A and B originals to your Department Graduate Adviser and cc Karolyn Lee (karolee@fullerton.edu) **by 12:00 (noon) on Wednesday, June 5, 2024.**

**GRADUATE PROGRAM ADVISER/DEPARTMENT CHAIR:** Fill out Part C, attach justification and email Part A, B and C to Karolyn Lee (karolee@fullerton.edu) **by 5:00pm, Friday, June 7, 2024.**

**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

7. 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



**Required Supplemental Documentation  
(Part B & C)**

Office of Graduate Studies (MH-112)

**Instructions:** *Type an explanation* for the four Supplemental 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 Department’s Graduate Program Adviser and cc Karolyn Lee (karolee@fullerton.edu) **no later than 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 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.

**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](mailto: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 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