

**COMMITTEE ON ACADEMIC STANDARDS  
APPEAL PACKET COVERSHEET**

**IMPORTANT:** Complete this coversheet and attach as top sheet of your appeal packet.

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Last Name	First Name	MI	ID#
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E-Mail Address

**Provide Summary of Your Request**

**BE SPECIFIC**

Examples: request for full medical withdrawal for spring semester 2009, request to satisfy general education requirement with work already completed-state course and school; request for waiver, request exception to general education requirement; request for exception to 64-hour transient study rule; permission to overload, etc

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**ATTACH SUPPORTING DOCUMENTATION**

List names and contact information for persons providing documentation when appropriate.  
Petitions without supporting documentation will not be heard.

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Date Submitted: \_\_\_\_\_ Submitted for CAS meeting scheduled: \_\_\_\_\_



This portion to be completed by person receiving packet in the office for Undergraduate Education:

Date received: \_\_\_\_\_