

THE GRADUATE SCHOOL • VALDOSTA STATE UNIVERSITY
ADMISSION DENIAL APPEAL FORM

NAME _____	DATE _____	
ADDRESS _____	PHONE _____	
CITY _____	STATE _____	ZIPCODE _____
STUDENT #ID _____	MAJOR _____	
(0 \$, / _____		

BR ,EFLY EXPLAIN REASON FOR APPEAL: _____

678'(17)RUZDUG WR WKH *UDGXDWH 3URJUDP &RRUGLQDW

7 K H * U D G X D Z L I O G F R C R O K Z H D I Q D S K P R O U G U Q D W R P U H Q M S D Q G
& R O O H J H L V R U Q K I D R V Q R O M L F W U Z L V H E N B O W L X Q D E O W U R Q H M B F K D

Upon receipt of a written appeal, the \$ V V R F L D W H of Graduate School will first determine if the appeal is appropriate for the Graduate School to hear. If the appeal is appropriate for the Graduate School to hear, the \$ V V R F L D W H may choose to discuss the appeal with the parties involved in an attempt to reach a satisfactory resolution. If the \$ V V R 3 U R Y R V W may U H I H U W K H D S S H D O P M R W W K H H to reach the appeal. The \$ S H D C & committee K H D W K O S S I L D O consist of three members W Z R P H R P E N W W U G H W K H & R O O H J H L L Q W R I O Y D S S H D O

Supporting documentation should include H G Z W W K S S B I G P O D E H V R X V K R X O G I \$ V V R F L D W H M H W D U H F R E P W H K O G D W P E A H & committee

Upon completion of the hearing, the * U D G X D W H Appeals Committee will submit its recommendation in writing to the \$ V V R F L D W H 3 U R Y R V W within one week after the hearing. \$ V V R F L D W H 3 U R Y R V W will make a decision on the appeal and the position of the appeal within one week. If no satisfactory resolution of the appeal has been reached at this point, the student has the right to appeal to the 3 U R Y R V W Vice President of Academic Affairs. Such an appeal must be provided in written form to the Office of the 3 U R Y R V W Vice President for Academic Affairs no later than thirty (30) calendar days after the student has received the decision of the \$ V V R F L D W H.

DATE RECEIVED BY THE GRADUATE SCHOOL _____

DATE REVIEWED BY THE GRADUATE DEAN _____

6 X E P L W D G S S S H I D O V Committee " _____ Yes No _____

If yes, Committee Members:

Chair - Name/Department _____

Name/Department _____

Name/Department _____

HEARING DATE: _____ DECISION DATE: _____

STUDENT NOTIFIED: _____ Method: _____

SIGNATURE OF \$ 6 6 2 & , \$ 7 (3 5 2 9 2 6 7

DATE